NATIONAL CENTER FOR CHILD DEATH REVIEW

KEEPING KIDS ALIVE

Understanding How and Why Children Die & Taking Actions to Prevent Child Deaths

The Child Death Review Case Reporting System *Systems Manual*

Designed by and for state and local CDR programs in order to maximize the effectiveness of the review process to prevent child deaths

Version 2
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National MCH Center for Child Death Review

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Introduction

A child's death is a sentinel event that can be a marker in a community for the health and safety of children. Child Death Review (CDR) is a process that works to understand child deaths in order to prevent harm to other children. It is a process that brings people together at a state or local level, from multiple disciplines, to share and discuss comprehensive information on the circumstances leading to the death of a child and the response to that death. These reviews can lead to action to prevent other child deaths, at a local, state or national level. As of January 2008, 49 states and the District of Columbia have established state and/or local CDR teams.

The Maternal and Child Health Bureau of the Health Resources and Services Administration funds the National MCH Center for Child Death Review, housed at the Michigan Public Health Institute. In addition to its training and technical assistance activities, the Center has developed and now manages the *Child Death Review Case Reporting System.*

In 2004, a work group of 30 persons, representing 18 states developed the first version of the system. Through consensus, and after studying numerous state CDR case reports, the workgroup developed a set of data elements and data definitions into the *Child Death Review Case Report.* This case report was developed into both a written report and an internet data entry and database application. Following a pilot test in 17 states, the work group reconvened to revise the system based on state experiences using the pilot system. Version 2.0 was launched in January of 2008.

The *Child Death Review Case Reporting System* provides information on:

1. The circumstances of and risk factors in child deaths reviewed by teams, including information on the children, caregivers, supervisors, perpetrators and the incidents leading to the deaths.
2. The investigations of the deaths.
3. Services provided or needed because of the deaths.
4. Teams' recommendations and actions taken to prevent other deaths.
5. Factors affecting the quality of the case review process.

The *Child Death Review Case Reporting System* includes the following components:

1. *The Child Death Review Case Report Tool*, available as a paper, PDF or web-based form.
2. A web-based application with the following features:
   a. Registered users can enter case report data on-line to a centralized database; find, edit, delete and print case reports; download data from case reports and download standardized formatted reports.
   b. The database, located on a SQL server at MPHI, will store and sort the case report data by local, state and national groupings and allow for the data downloads and standardized reports.

A person designated by your state CDR program serves as your State Administrator. This Administrator identifies and registers the local and state users and determines their levels of access to the data, based on your state laws and policies. A *Data Use Agreement* is signed between your state and the Michigan Public Health Institute.

The system has a secure login, so that only registered users with passwords are able to access the system via the Internet. Users are encouraged to review the supporting material, especially the *Internet Database User Manual*. Familiarity with the supporting documents will make your experience entering cases and using the features of the system easier for you.

The system is free to registered users.

We continue to welcome any and all feedback regarding the usefulness, ease of use and functionality of this case reporting system. There are error logs and feedback forms located in the back of this manual.

For more information, please contact us at 1-800-656-2434, e-mail: info@childdeathreview.org.

Child Death Review Case Reporting System

From Case Review to Data to Action

Step 1: Complete case review of child death.

Step 2: Complete CDR Case Report Online @ www.cdrdata.org.

Step 3: Send Report through Web, to servers at the Michigan Public Health Institute

Step 4: Servers sort and store data and permit access according to state requirements.

Step 5: State and local teams and national CDR download standardized reports and/or download data to create custom reports.

Step 6: Reports and data are used to develop recommendations, advocate for and take actions to prevent child deaths and to keep children healthy, and safe.

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Child Death Review Case Reporting System

Case Report 2.0

Effective January 2008

Instructions:

This case report is a component of the web-based CDR Case Reporting System. It can be used alone as a paper instrument, but its full potential is reached when the data from this form is entered into the *CDR Case Reporting System*. This system is available to states from the National Center for Child Death Review and requires a data use agreement for state and local data entry. System functions include data entry, case report editing and printing, data download and standardized reports.

The purpose of this form is to collect comprehensive information from multiple agencies participating in a child death review. It can be partially filled out before a meeting. The form documents the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the CDR team to prevent other deaths.

While this data collection form is an important part of the child death review process, the form should not be the central focus of the review meeting. Experienced users have found that it works best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step by step manner as part of the team discussion.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin understanding the importance of data collection and bring necessary information to the meeting. They find that the percentage of unknowns and unanswered questions decreases as the team becomes more familiar with the form.

The form contains three types of questions: (1) Those that users should only select one response represented by a circle; (2) Those in which users can select several responses represented by a square; and (3) Those in which users enter text. This last type is depicted by 'specify' or 'describe'.

Most questions have a selection for unknown (U/K). A question should be marked 'unknown' if an attempt was made to find the answer, but no clear or satisfactory response was obtained; questions should be left blank (unanswered) if no attempt was made to find the answer. 'N/A' stands for 'Not Applicable' and should be used if the question is not applicable. For example, use N/A for 'level of education' if child is an infant.

This edition is Version 2.0, effective January 2008. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Child Death Review.

Phone: 1-800-656-2434 Email: info@childdeathreview.org Website: www.childdeathreview.org Data entry website: https://cdrdata.org/

This form was developed by a work group of over 26 persons, representing 18 states and the Maternal and Child Bureau of HRSA/HHS.

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CASE NUMBER

_____/_____/_____/_____/_____
State / County / Team Number / Year of Review / Sequence of Review

Death Certificate Number:

Birth Certificate Number:

Case Type: ○ Death ○ Near death/serious Injury ○ Not born alive

A. CHILD INFORMATION

1. Child's name: First: Middle: Last: ○ U/K

2. Date of birth: ○ U/K
mm dd yyyy

3. Date of death: ○ U/K
mm dd yyyy

4. Age: _____ ○ Years ○ Months ○ Days ○ Hours ○ Minutes ○ U/K

5. Race, check all that apply: ○ U/K
☐ White ☐ Native Hawaiian
☐ Black ☐ Pacific Islander
☐ Asian, specify:
☐ American Indian, Tribe:
☐ Alaskan Native, Tribe:

6. Hispanic or Latino origin?
○ No ○ Yes ○ U/K

7. Sex:
○ Male ○ Female ○ U/K

8. Residence address: ○ U/K
Street Apt.
City
County State Zip

9. Type of residence:
○ Parental home ○ Relative home ○ Jail/Detention
○ Licensed group home ○ Living on own ○ Other, specify:
○ Licensed foster home ○ Shelter
○ Relative foster home ○ Homeless ○ U/K

10. New residence in past 30 days?
○ No ○ Yes ○ U/K

11. Residence overcrowded?
○ No ○ Yes ○ U/K

12. Child ever homeless?
○ No ○ Yes ○ U/K

13. Number of other children living with child: _____ ○ U/K

14. Child's weight: ○ U/K
_____ pounds
_____ ounces

15. Child's height: ○ U/K
_____/_____
feet inches

16. Highest education level:
○ N/A ○ Drop out
○ None ○ HS graduate
○ Preschool ○ College
○ Grade K-8 ○ Other, specify:
○ Grade 9-12 ○ U/K
○ Home schooled, K-8
○ Home schooled, 9-12

17. Child's work status:
○ N/A
○ Employed
○ Full time
○ Part time
○ U/K
○ Not working
○ U/K

18. Did child have problems in school?
○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Academic ☐ Behavioral
☐ Truancy ☐ Expulsion
☐ Suspensions ☐ U/K
☐ Other, specify:

19. Child's health insurance, check all that apply:
☐ None
☐ Private
☐ Medicaid
☐ State plan
☐ Other, specify:
☐ U/K

20. Child had disability or chronic illness?
○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Physical, specify:
☐ Mental, specify:
☐ Sensory, specify:
☐ U/K
If yes, was child receiving Children's Special Health Care Needs services?
○ No ○ Yes ○ U/K

21. Child's mental health (MH):
Child had received prior MH services?
○ No ○ Yes ○ U/K
Child was receiving MH services?
○ No ○ Yes ○ U/K
Child on medications for MH illness?
○ No ○ Yes ○ U/K
Issues prevented child from receiving MH services?
○ No ○ Yes ○ U/K
If yes, specify:

22. Child had history of substance abuse?
○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Alcohol ☐ Other, specify:
☐ Cocaine
☐ Marijuana ☐ U/K
☐ Methamphetamine
☐ Opiates
☐ Prescription drugs
☐ Over-the-counter drugs

23. Child had history of child maltreatment? If yes, check all that apply:

As Victim	As Perpetrator		As Victim	As Perpetrator	
	○	N/A	☐	☐	Physical
○	○	No	☐	☐	Neglect
○	○	Yes	☐	☐	Sexual
○	○	U/K	☐	☐	Emotional/psychological
			☐	☐	U/K
If yes, how was history identified:					
○	○	Through CPS	_____	_____	# CPS referrals
○	○	Other sources	_____	_____	# Substantiations

24. Was there an open CPS case with child at time of death?
○ No ○ Yes ○ U/K

25. Was child ever placed outside of the home prior to the death?
○ No ○ Yes ○ U/K

26. Were any siblings placed outside of the home prior to this child's death?
○ No ○ Yes, #_____ ○ U/K

27. Child had history of intimate partner violence? Check all that apply:
☐ N/A
☐ No
☐ Yes, as victim
☐ Yes, as perpetrator
☐ U/K

28. Child had delinquent or criminal history?
○ N/A ○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Assaults ☐ Other, specify:
☐ Robbery
☐ Drugs ☐ U/K

29. Child spent time in juvenile detention?
○ N/A ○ No ○ Yes ○ U/K

30. Child acutely ill during the two weeks before death?
○ No ○ Yes ○ U/K

31. Are child's parents first generation immigrants?
○ No ○ Yes ○ U/K
If yes, country of origin:

32. If child over age 12, what was child's gender identity?
○ Male
○ Female
○ U/K

33. If child over age 12, what was child's sexual orientation?
○ Heterosexual ○ Bisexual
○ Gay ○ Questioning
○ Lesbian ○ U/K

COMPLETE FOR ALL INFANTS UNDER ONE YEAR

34. Gestational age ◯ U/K
_____ # weeks

35. Birth weight: ◯ U/K
◯ Grams _____
◯ Pounds/ounces _____/_____

36. Multiple birth?
◯ No ◯ U/K
◯ Yes, #_____

37. Number of prenatal visits:
◯ U/K # _____

38. Month of first prenatal visit, specify 1-9: _____
◯ N/A ◯ U/K

39. During pregnancy, did mother (check all that apply):

☐ Have medical complications/infections? Check all that apply.

☐ Acute/Chronic Lung Disease	☐ Eclampsia	☐ Low MSAFP	☐ PROM
☐ Anemia	☐ Genital Herpes	☐ Other Infectious Disease	☐ Renal Disease
☐ Cardiac Disease	☐ Hemoglobinonpathy	☐ Pregnancy-Related Hypertension	☐ Rh Sensitization
☐ Chorioamnionitis	☐ High MSAFP	☐ Preterm labor	☐ Uterine Bleeding
☐ Chronic Hypertension	☐ Hydramnios/Oligohydramnios	☐ Previous Infant 4000+ Grams	☐ Other, specify:
☐ Diabetes	☐ Incompetent Cervix	☐ Previous Preterm/Small for Gestation	

☐ Smoke tobacco? ☐ Use illicit drugs? ☐ Have heavy alcohol use? ☐ Misuse over-the-counter or prescription drugs?

☐ Experience intimate partner violence? ☐ Infant born drug exposed? ☐ Infant born with fetal alcohol effects or syndrome?

40. Were there access or compliance issues related to prenatal care?

◯ Yes
◯ No
◯ U/K

If yes, check all apply:

☐ Lack of money for care	☐ Religious objections to care	☐ Lack of family/social support	☐ U/K
☐ Limitations of health insurance coverage	☐ Language barriers	☐ Services not available	
☐ Multiple health insurance, not coordinated	☐ Referrals not made	☐ Distrust of health care system	
☐ Lack of transportation	☐ Specialist needed, not available	☐ Unwilling to obtain care	
☐ No phone	☐ Multiple providers, not coordinated	☐ Intimate partner would not allow care	
☐ Cultural differences	☐ Lack of child care	☐ Other, specify:	

B. PRIMARY CAREGIVER(S) INFORMATION

1. Primary caregiver(s):
Select only one per column.

One	Two
◯	Self, go to Sect. C
◯	◯ Biological parent
◯	◯ Adoptive parent
◯	◯ Step parent
◯	◯ Foster parent
◯	◯ Mother's partner
◯	◯ Father's partner
◯	◯ Grandparent
◯	◯ Sibling
◯	◯ Other relative
◯	◯ Friend
◯	◯ Institutional staff
◯	◯ Other, specify:
◯	◯ U/K

2. Caregiver(s) age in years:

One	Two	
_____	_____	# Years
◯	◯	U/K

3. Caregiver(s) sex:

One	Two	
◯	◯	Male
◯	◯	Female
◯	◯	U/K

4. Caregiver(s) employment status:

One	Two	
◯	◯	Employed
◯	◯	Unemployed
◯	◯	On disability
◯	◯	Stay-at-home
◯	◯	Retired
◯	◯	U/K

5. Caregiver(s) income:

One	Two	
◯	◯	High
◯	◯	Medium
◯	◯	Low
◯	◯	U/K

6. Caregiver(s) education:

One	Two	
◯	◯	< High school
◯	◯	High school
◯	◯	College
◯	◯	Post Graduate
◯	◯	U/K

7. Does caregiver(s) speak English?

One	Two	
◯	◯	No
◯	◯	Yes
◯	◯	U/K

If no, language spoken:

8. Caregiver(s) on active military duty?

One	Two	
◯	◯	No
◯	◯	Yes
◯	◯	U/K

If yes, specify branch:

9. Caregiver(s) received social services in the past twelve months?

One	Two	
◯	◯	No
◯	◯	Yes
◯	◯	U/K

If yes, check all that apply:

One	Two	
☐	☐	WIC
☐	☐	TANF
☐	☐	Medicaid
☐	☐	Food stamps
☐	☐	Other, specify:

10. Caregiver(s) have substance abuse history?

One	Two	
◯	◯	No
◯	◯	Yes
◯	◯	U/K

If yes, check all that apply:

☐	☐	Alcohol
☐	☐	Cocaine
☐	☐	Marijuana
☐	☐	Methamphetamine
☐	☐	Opiates
☐	☐	Prescription drugs
☐	☐	Over-the-counter
☐	☐	Other, specify:
☐	☐	U/K

11. Caregiver(s) have history of child maltreatment as victim?

One	Two	
◯	◯	No
◯	◯	Yes
◯	◯	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/ psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	Ever in foster care or adopted?

12. Caregiver(s) have history of child maltreatment as a perpetrator?

One	Two	
◯	◯	No
◯	◯	Yes
◯	◯	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	CPS prevention services?
☐	☐	Family Preservation services?
☐	☐	Children ever removed?

13. Caregiver(s) have disability or chronic illness?

One	Two	
◯	◯	No
◯	◯	Yes
◯	◯	U/K

If yes, check all that apply:

☐	☐	Physical, specify:
☐	☐	Mental, specify:
☐	☐	Sensory, specify:
☐	☐	U/K

If mental, was caregiver receiving services?

◯	◯	No
◯	◯	Yes
◯	◯	U/K

14. Caregiver(s) have prior child deaths?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, cause(s): Check all that apply:

One	Two	
☐	☐	Child abuse # _____
☐	☐	Child neglect # _____
☐	☐	Accident # _____
☐	☐	Suicide # _____
☐	☐	SIDS # _____
☐	☐	Other # _____
		Other, specify:
☐	☐	U/K

15. Caregiver(s) have history of intimate partner violence?

One	Two	
☐	☐	No
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	U/K

16. Caregiver(s) have delinquent/criminal history?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Assaults
☐	☐	Robbery
☐	☐	Drugs
☐	☐	Other, specify:
☐	☐	U/K

C. SUPERVISOR INFORMATION

1. Did child have supervision at time of incident leading to death?
   - ○ No, not needed given developmental age or circumstances, go to Sect. D
   - ○ No, but needed, answer 3-15
   - ○ Yes, answer 2-15
   - ○ Unable to determine, try to answer 3-15

2. How long before incident did supervisor last see child? Select one:
   - ○ Child in sight of supervisor
   - ○ Minutes _____
   - ○ Hours _____
   - ○ Days _____ ○ U/K

3. Is person a primary caregiver as listed in previous section?
   - ○ No
   - ○ Yes, caregiver one, go to 15
   - ○ Yes, caregiver two, go to 15

4. Primary person responsible for supervision? Select only one:
   - ○ Biological parent
   - ○ Adoptive parent
   - ○ Step parent
   - ○ Foster parent
   - ○ Mother's partner
   - ○ Father's partner
   - ○ Grandparent
   - ○ Sibling
   - ○ Other relative
   - ○ Friend
   - ○ Acquaintance
   - ○ Hospital staff, go to C15
   - ○ Institutional staff, go to C15
   - ○ Babysitter
   - ○ Licensed child care worker
   - ○ Other, specify:
   - ○ U/K

5. Supervisor's age in years: _____ ○ U/K

6. Supervisor's sex:
   - ○ Male
   - ○ Female
   - ○ U/K

7. Does supervisor speak English?
   - ○ No
   - ○ Yes
   - ○ U/K

   If no, language spoken:

8. Supervisor on active military duty?
   - ○ No
   - ○ Yes
   - ○ U/K

   If yes, specify branch:

9. Supervisor has substance abuse history? ○ No ○ Yes ○ U/K

   If yes, check all that apply:
   - ☐ Alcohol
   - ☐ Cocaine
   - ☐ Marijuana
   - ☐ Methamphetamine
   - ☐ Opiates
   - ☐ Prescription drugs
   - ☐ Over-the-counter
   - ☐ Other, specify:
   - ☐ U/K

10. Supervisor has history of child maltreatment?

As Victim	As Perpetrator	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐		Ever in foster care/adopted?
	☐	CPS prevention services?
	☐	Family Preservation svcs?
	☐	Children ever removed?

11. Supervisor has disability or chronic illness? ○ No ○ Yes ○ U/K

    If yes, check all that apply:
    - ☐ Physical, specify:
    - ☐ Mental, specify:
    - ☐ Sensory, specify:
    - ☐ U/K

    If mental illness, was supervisor receiving MH services?
    - ○ No
    - ○ Yes
    - ○ U/K

12. Supervisor has prior child deaths? ○ No ○ Yes ○ U/K

    If yes, check all that apply:
    - ☐ Child abuse # _____
    - ☐ Child neglect # _____
    - ☐ Accident #_____
    - ☐ Suicide # _____
    - ☐ SIDS # _____
    - ☐ Other # _____

    Other, specify:
    - ☐ U/K

13. Supervisor has history of intimate partner violence?
    - ☐ No
    - ☐ Yes, as victim
    - ☐ Yes, as perpetrator
    - ☐ U/K

14. Supervisor has delinquent or criminal history?
    - ○ No
    - ○ Yes
    - ○ U/K

    If yes, check all that apply:
    - ☐ Assaults ☐ U/K
    - ☐ Robbery
    - ☐ Drugs
    - ☐ Other, specify:

15. At time of incident was supervisor, check all that apply:
    - ☐ Drug impaired?
    - ☐ Alcohol impaired?
    - ☐ Asleep?
    - ☐ Distracted?
    - ☐ Absent?
    - ☐ Impaired by illness? Specify:
    - ☐ Impaired by disability? Specify:
    - ☐ Other? Specify:

D. INCIDENT INFORMATION

1. Date of incident event:
   - ○ Same as date of death
   - ○ If different than date of death: ____/____/____ (mm/dd/yyyy)
   - ○ U/K

2. Approximate time of day that incident occurred?
   - Hour, specify 1-12 _____
   - ○ AM
   - ○ PM
   - ○ U/K

3. Interval between incident and death: ○ U/K
   - ☐ Minutes ____ ☐ Weeks ____
   - ☐ Hours ____ ☐ Months ____
   - ☐ Days ____ ☐ Years ____

4. Place of incident, check all that apply:

☐ Child's home ☐ Licensed group home ☐ School ☐ Sidewalk ☐ Sports area
☐ Relative's home ☐ Licensed child care center ☐ Place of work ☐ Roadway ☐ Other recreation area
☐ Friend's home ☐ Licensed child care home ☐ Indian Reservation ☐ Driveway ☐ Hospital
☐ Licensed foster care home ☐ Unlicensed child care home ☐ Military installation ☐ Other parking area ☐ Other, specify:
☐ Relative foster care home ☐ Farm ☐ Jail/detention facility ☐ State or county park ☐ U/K

5. Type of area:
○ Urban ○ Suburban ○ Rural ○ Frontier ○ U/K

6. Incident state: _____

7. Incident county _____

8. Was 911 or local emergency number called?
○ N/A ○ No ○ Yes ○ U/K

9. CPR performed before EMS arrived?
○ N/A ○ No ○ Yes ○ U/K

10. At time of incident leading to the death, had child used alcohol or drugs?
○ N/A ○ Yes ○ No ○ U/K

11. EMS to scene?
○ N/A ○ No ○ Yes ○ U/K

12. Child's activity at time of incident, check all that apply:
☐ Sleeping ☐ Other, specify:
☐ Playing
☐ Working ☐ U/K
☐ Eating
☐ Driving/vehicle occupant

13. Total number of deaths at incident event:
Children, ages 0-18 _____
Adults _____
○ U/K

E. INVESTIGATION INFORMATION

1. Death referred to:
○ Medical examiner
○ Coroner
○ Not referred
○ U/K

2. Person declaring official cause and manner of death:
○ Medical examiner
○ Coroner
○ Hospital physician
○ Other physician
○ Mortician
○ Other, specify:
○ U/K

3. Autopsy performed? ○ No ○ Yes ○ U/K
If yes, conducted by:
○ Forensic pathologist
○ Pediatric pathologist
○ General pathologist
○ Unknown pathologist
○ Other physician
○ Other, specify:
○ U/K

4. Agencies that conducted a scene investigation, check all that apply:
☐ Not conducted ☐ Fire investigator
☐ Medical examiner ☐ EMS
☐ Coroner ☐ Child Protective Services
☐ ME investigator ☐ Other, specify:
☐ Coroner investigator ☐ U/K
☐ Law enforcement

5. Toxicology screen?
○ No
○ Yes If yes, check all that apply:
○ U/K
☐ Negative ☐ Marijuana ☐ Too high prescription drug, specify:
☐ Alcohol ☐ Meth. ☐ Too high over-the-counter drug, specify:
☐ Cocaine ☐ Opiates ☐ Other, specify: ☐ U/K

6. X-rays taken?
○ No ○ Yes ○ U/K

7. Was a CPS record check conducted as a result of death?
○ No ○ Yes ○ U/K

8. Did investigation find evidence of prior abuse?
○ No ○ Yes ○ U/K
If yes, from what source? Check all that apply:
☐ From x-rays ☐ U/K
☐ From autopsy
☐ From CPS review
☐ From law enforcement

9. CPS action taken because of death? ○ No ○ Yes ○ U/K

If yes, highest level of action taken because of death:
○ Report screened out and not investigated.
○ Unsubstantiated
○ Inconclusive
○ Substantiated

If yes, services or actions resulting, check all that apply:
☐ Voluntary services offered
☐ Voluntary services provided
☐ Court ordered services provided
☐ Voluntary out of home placement
☐ Court ordered out-of-home placement
☐ Children removed
☐ Parental rights terminated
☐ U/K

10. If death occurred in licensed setting, indicate action taken:
○ No action
○ License suspended
○ License revoked
○ Investigation ongoing
○ U/K

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Official manner of death from the death certificate:
○ Natural
○ Accident
○ Suicide
○ Homicide
○ Undetermined
○ Pending
○ U/K

2. Primary cause of death: Choose only one of four, then a specific cause. For pending, choose most likely cause.

○ From an injury (external cause), select one:
○ Motor vehicle and other transport, go to G1
○ Fire, burn, or electrocution, go to G2
○ Drowning, go to G3
○ Asphyxia, go to G4
○ Weapon, including body part, go to G6
○ Animal bite or attack, go to G7
○ Fall or crush, go to G8
○ Poisoning,overdose or acute intoxication, go to G9
○ Exposure, go to G10
○ Undetermined.If under age one, go to G5 & G12 If over age one, go to G12
○ Other cause, go to G12
○ U/K, go to G12

○ From a medical cause, select one:
○ Asthma, go to G11
○ Cancer, specify and go to G11
○ Cardiovascular, specify and go to G11
○ Congenital anomaly, specify and go to G11
○ HIV/AIDS, go to G11
○ Influenza, go to G11
○ Low birth weight, go to G11
○ Malnutrition/dehydration, go to G11
○ Neurological/seizure disorder, go to G11
○ Pneumonia, specify and go to G11
○ Prematurity, go to G11
○ SIDS, go to G5
○ Other infection, specify and go to G11
○ Other perinatal condition, specify and go to G11
○ Other medical condition, specify and go to G11
○ Undetermined. If under age one, go to G5 and G11. If over age one, go to G11.
○ U/K. If under age one, go to G5 and G11. If over age one, go to G11.

○ Undetermined if injury or medical cause, go to G12

○ U/K go to G12

G. DETAILED INFORMATION BY *CAUSE* OF DEATH: CHOOSE ONE SECTION ONLY, THAT IS SAME AS THE CAUSE SELECTED ABOVE

1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:

Total number of vehicles: _____

Child's	Other primary vehicle	
○	○	None
○	○	Car
○	○	Van
○	○	Sport utility vehicle
○	○	Truck
○	○	Semi/tractor trailer
○	○	RV
○	○	School bus
○	○	Other bus
○	○	Motorcycle
○	○	Tractor
○	○	Other farm vehicle
○	○	All terrain vehicle
○	○	Snowmobile
○	○	Bicycle
○	○	Train
○	○	Subway
○	○	Trolley
○	○	Other, specify:
○	○	U/K

b. Position of child:

- ○ Driver
- ○ Passenger
  - ○ Front seat
  - ○ Back seat
  - ○ Truck bed
  - ○ Other, specify:
  - ○ U/K
- ○ On bicycle
- ○ Pedestrian
  - ○ Walking
  - ○ Boarding/blading
  - ○ Other, specify:
  - ○ U/K
- ○ U/K

c. Causes of incident, check all that apply:

- ☐ Speeding over limit
- ☐ Unsafe speed for conditions
- ☐ Recklessness
- ☐ Ran stop sign or red light
- ☐ Driver distraction
- ☐ Driver inexperience
- ☐ Mechanical failure
- ☐ Poor tires
- ☐ Poor weather
- ☐ Poor visibility
- ☐ Drugs or alcohol use
- ☐ Fatigue/sleeping
- ☐ Medical event, specify:
- ☐ Back over
- ☐ Rollover
- ☐ Poor sight line
- ☐ Car changing lanes
- ☐ Road hazard
- ☐ Animal in road
- ☐ Cell phone use while driving
- ☐ Racing, not authorized
- ☐ Other driver error, specify:
- ☐ Other, specify:
- ☐ U/K

d. Collision type:

- ○ Child *not* in/on a vehicle, but struck by vehicle
- ○ Child in/on a vehicle, struck by other vehicle
- ○ Child in/on a vehicle that struck other vehicle
- ○ Child in/on a vehicle that struck person/object
- ○ Other event, specify:
- ○ U/K

e. Driving conditions, check all that apply:

- ☐ Normal
- ☐ Loose gravel
- ☐ Muddy
- ☐ Ice/Snow
- ☐ Fog
- ☐ Wet
- ☐ Construction zone
- ☐ Inadequate lighting
- ☐ Other, specify:
- ☐ U/K

f. Location of incident, check all that apply:

- ☐ City street
- ☐ Residential street
- ☐ Rural road
- ☐ Highway
- ☐ Intersection
- ☐ Shoulder
- ☐ Sidewalk
- ☐ Driveway
- ☐ Parking area
- ☐ Off road
- ☐ Railroad crossing/tracks
- ☐ Other, specify:
- ☐ U/K

g. Drivers involved in incident, check all that apply:

Child as driver	Child's driver	Driver of other primary vehicle	
	_____	_____	Age of Driver
☐	☐	☐	Responsible for causing incident
☐	☐	☐	Was alcohol/drug impaired
☐	☐	☐	Has no license
☐	☐	☐	Has a learner's permit
☐	☐	☐	Has a graduated license
☐	☐	☐	Has a full license
☐	☐	☐	Has a full license that has been restricted
☐	☐	☐	Has a suspended license
☐	☐	☐	If recreational vehicle, has driver safety certificate
☐	☐	☐	Other, specify:
☐	☐	☐	Was violating graduated licensing rules:
☐	☐	☐	Nighttime driving curfew
☐	☐	☐	Passenger restrictions
☐	☐	☐	Driving without required supervision
☐	☐	☐	Other violations, specify:
☐	☐	☐	U/K

h. Total number of occupants in vehicles:

In child's vehicle, **including child**:

☐ N/A, child was not in a vehicle.

- Total number occupants: _____ ○ U/K
- Number teens, ages 14-21: _____ ○ U/K
- Total number of deaths: _____ ○ U/K
- Total number teen deaths: _____ ○ U/K

In other primary vehicle involved in incident:

☐ N/A, incident was a single vehicle crash.

- Total number occupants: _____ ○ U/K
- Number teens, ages 14-21: _____ ○ U/K
- Total number of deaths: _____ ○ U/K
- Total number teen deaths: _____ ○ U/K

i. Protective measures for child, Select one option per row:

	Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present not used	Unknown
Airbag	○	○	○	○	○	○
Lap belt	○	○	○	○	○	○
Shoulder belt	○	○	○	○	○	○
Child seat*	○	○	○	○	○	○
Belt positioning booster seat	○	○	○	○	○	○
Helmet	○	○	○	○	○	○
Other, specify:	○	○	○	○	○	○

*If child seat, type:

- ○ Rear facing
- ○ Front facing
- ○ U/K

2. FIRE, BURN, or ELECTROCUTION

a. Ignition, heat or electrocution source:
- ○ Matches
- ○ Cigarette lighter
- ○ Utility lighter
- ○ Cigarette or cigar
- ○ Candles
- ○ Cooking stove
- ○ Heating stove
- ○ Space heater
- ○ Furnace
- ○ Power line
- ○ Electrical outlet
- ○ Electrical wiring
- ○ Lightning
- ○ Oxygen tank
- ○ Hot cooking water
- ○ Hot bath water
- ○ Other hot liquid, specify:
- ○ Fireworks
- ○ Other explosives
- ○ Appliance in water
- ○ Other, specify:
- ○ U/K

b. Type of incident:
- ○ Fire, go to c
- ○ Scald, go to r
- ○ Other burn, go to t
- ○ Electrocution, go to s
- ○ Other, specify, go to t
- ○ U/K, go to t

c. For fire, child died from,
- ○ Burns
- ○ Smoke inhalation
- ○ Other, specify:
- ○ U/K

d. Material first ignited:
- ○ Upholstery
- ○ Mattress
- ○ Christmas tree
- ○ Clothing
- ○ Curtain
- ○ Other, specify:
- ○ U/K

e. Type of building on fire:
- ○ N/A
- ○ Single home
- ○ Duplex
- ○ Apartment
- ○ Trailer/mobile home
- ○ Other, specify:
- ○ U/K

f. Building's primary construction material:
- ○ Wood
- ○ Steel
- ○ Brick/stone
- ○ Aluminum
- ○ Other, specify:
- ○ U/K

g. Fire started by a person? ○ No ○ Yes ○ U/K

If yes, person's age _____

Does person have a history of setting fires? ○ No ○ Yes ○ U/K

h. Did anyone attempt to put out fire? ○ No ○ Yes ○ U/K

i. Did escape or rescue efforts worsen fire? ○ No ○ Yes ○ U/K

j. Did any factors delay fire department arrival? ○ No ○ Yes ○ U/K

If yes, specify:

k. Were barriers preventing safe exit? ○ No ○ Yes ○ U/K

If yes, check all that apply:
- ☐ Locked door
- ☐ Window grate
- ☐ Locked window
- ☐ Blocked stairway
- ☐ Other, specify:
- ☐ U/K

l. Was building a rental property? ○ No ○ Yes ○ U/K

m. Were building/rental codes violated? ○ No ○ Yes ○ U/K

If yes, describe in narrative.

n. Were proper working fire extinguishers present? ○ No ○ Yes ○ U/K

o. Was sprinkler system present? ○ No ○ Yes ○ U/K

If yes, was it working? ○ No ○ Yes ○ U/K

p. Were smoke detectors present? ○ No ○ Yes ○ U/K

If yes, what type?	If yes, functioning properly?			If not functioning properly, reason: Missing batteries	Other	U/K
☐ Removable batteries	○ No	○ Yes	○ U/K	☐	☐	☐
☐ Non-removable batteries	○ No	○ Yes	○ U/K		☐	☐
☐ Hardwired	○ No	○ Yes	○ U/K	☐	☐	☐
☐ U/K	○ No	○ Yes	○ U/K	☐	☐	☐

Other, specify:

If yes, was there an adequate number present? ○ No ○ Yes ○ U/K

q. Suspected arson? ○ No ○ Yes ○ U/K

r. For scald, was hot water heater set too high?
- ○ N/A
- ○ No
- ○ Yes, temp. setting: _____
- ○ U/K

s. For electrocution, what cause:
- ○ Electrical storm
- ○ Faulty wiring
- ○ Wire/product in water
- ○ Child playing with outlet
- ○ Other, specify:
- ○ U/K

t. Other, describe in detail:

3. DROWNING

a. Where was child last seen before drowning? Check all that apply:
- ☐ In water
- ☐ On shore
- ☐ On dock
- ☐ Poolside
- ☐ In yard
- ☐ In bathroom
- ☐ In house
- ☐ Other, specify:
- ☐ U/K

b. What was child last seen doing before drowning?
- ○ Playing
- ○ Boating
- ○ Swimming
- ○ Bathing
- ○ Fishing
- ○ Surfing
- ○ Tubing
- ○ Water-skiing
- ○ Sleeping
- ○ Other, specify:
- ○ U/K

c. Was child forcibly submerged? ○ No ○ Yes ○ U/K

d. Drowning location:
- ○ Open water, go to e
- ○ U/K, go to n
- ○ Pool, hot tub, spa, go to i
- ○ Bathtub, go to w
- ○ Bucket, go to x
- ○ Well/ cistern/ septic, go to n
- ○ Toilet, go to z
- ○ Other, specify and go to n

e. For open water, place:
- ○ Lake
- ○ River
- ○ Pond
- ○ Creek
- ○ Ocean
- ○ Quarry
- ○ Gravel pit
- ○ Canal
- ○ U/K

f. For open water, contributing environmental factors:
- ○ Weather
- ○ Temperature
- ○ Current
- ○ Riptide/ undertow
- ○ Drop off
- ○ Rough waves
- ○ Other, specify:
- ○ U/K

g. If boating, type of boat:
- ○ Sailboat
- ○ Jet ski
- ○ Motorboat
- ○ Canoe
- ○ Kayak
- ○ Raft
- ○ Commercial
- ○ Other, specify:
- ○ U/K

h. For boating, was the child piloting boat? ○ No ○ Yes ○ U/K

i. For pool, type of pool:
- ○ Above ground
- ○ In-ground
- ○ Wading
- ○ Hot tub, spa
- ○ U/K

j. For pool, child found:
- ○ In the pool/hot tub/spa
- ○ On or under the cover
- ○ U/K

k. For pool, ownership is:
- ○ Private
- ○ Public
- ○ U/K

l. Length of time owners had pool/hot tub/spa:
- ○ N/A
- ○ <6 months
- ○ 6m-1 yr
- ○ >1yr
- ○ U/K

m. Flotation device used?
○ N/A ○ No ○ Yes ○ U/K

If yes, check all that apply:
☐ Coast Guard approved ☐ Not Coast Guard approved ☐ U/K
☐ Jacket ☐ Cushion ☐ Lifesaving ring
☐ Swim rings ☐ Inner tube ☐ Air mattress ☐ Other, specify:
If jacket:
Correct size? ○ No ○ Yes ○ U/K
Worn correctly? ○ No ○ Yes ○ U/K

n. What barriers/layers of protection existed to prevent access to water?
Check all that apply.
☐ None ☐ Alarm, go to r
☐ Fence, go to o ☐ Cover, go to s
☐ Gate, go to p ☐ U/K
☐ Door, go to q

o. Fence:
Describe type:
Fence height in ft _____
Fence surrounds water on:
○ Four sides ○ Two or ○ Three sides less sides ○ U/K

p. Gate, check all that apply:
☐ Has self closing latch
☐ Has lock
☐ Is a double gate
☐ Opens to water
☐ U/K

q. Door, check all that apply:
☐ Patio door ☐ Opens to water
☐ Screen door ☐ Barrier between
☐ Steel door door and water
☐ Self closing ☐ U/K
☐ Has lock

r. Alarm, check all that apply:
☐ Door
☐ Window
☐ Pool
☐ Laser
☐ U/K

s. Type of cover:
○ Hard
○ Soft
○ U/K

t. Local ordinance(s) regulating access to water?
○ No ○ Yes ○ U/K

If yes, rules violated?
○ No ○ Yes ○ U/K

u. How were layers of protection breached, check all that apply:
☐ No layers breached ☐ Gap in fence ☐ Door screen torn ☐ Cover left off
☐ Gate left open ☐ Damaged fence ☐ Door self-closer failed ☐ Cover not locked
☐ Gate unlocked ☐ Fence too short ☐ Window left open ☐ Other, specify:
☐ Gate latch failed ☐ Door left open ☐ Window screen torn
☐ Gap in gate ☐ Door unlocked ☐ Alarm not working
☐ Climbed fence ☐ Door broken ☐ Alarm not answered ☐ U/K

v. Child able to swim?
○ N/A ○ Yes ○ No ○ U/K

w. For bathtub, child in a bathing aid?
○ No ○ Yes ○ U/K
If yes, specify type:

x. Warning sign or label posted?
○ N/A ○ Yes ○ No ○ U/K

y. Lifeguard present?
○ N/A ○ Yes ○ No ○ U/K

z. Rescue attempt made?
○ N/A ○ No ○ Yes ○ U/K

If yes, who? Check all that apply:
☐ Parent ☐ Bystander
☐ Other child ☐ Other, specify:
☐ Lifeguard ☐ U/K

aa. Did rescuer(s) also drown?
○ N/A ○ Yes ○ No ○ U/K
If yes, number of rescuers: ____

bb. Appropriate rescue equipment present?
○ N/A ○ Yes ○ No ○ U/K

4. ASPHYXIA

a. Type of event:
○ Suffocation, go to b
○ Strangulation, go to c
○ Choking, go to d
○ Other, specify and go to e
○ U/K, go to e

b. If suffocation/asphyxia, action causing event:
○ Sleep-related (e.g. bedding, overlay, wedged)
○ Covered in or fell into object, but not sleep-related
○ Plastic bag
○ Dirt/Sand
○ Other, specify:
○ U/K
○ Confined in tight space
○ Refrigerator/freezer
○ Toy chest
○ Automobile
○ Trunk
○ Other, specify:
○ U/K
○ Other, specify:
○ U/K
○ Swaddled in tight blanket, but not sleep-related
○ Wedged into tight space, but not sleep-related
○ Asphyxia by gas, answer G9a.
○ Other, specify:
○ U/K

c. If strangulation, object causing event:
○ Clothing ○ Leash
○ Blind cord ○ Electrical cord
○ Car seat ○ Person, answer question G6q.
○ Stroller ○ Automobile power window or sunroof
○ High chair ○ Other, specify:
○ Belt ○ U/K
○ Rope/string

d. If choking, object causing choking:
○ Food, specify:
○ Toy, specify:
○ Balloon
○ Other, specify:
○ U/K

e. Was asphyxia an autoerotic event?
○ No ○ Yes ○ U/K

f. Was child participating in 'choking game' or 'pass out game'?
○ No ○ Yes ○ U/K

g. History of seizures?
○ No ○ Yes ○ U/K If yes, #_____
If yes, witnessed? ○ No ○ Yes ○ U/K

h. History of apnea?
○ No ○ Yes ○ U/K If yes, #_____
If yes, witnessed? ○ No ○ Yes ○ U/K

i. Was Heimlich Maneuver attempted?
○ No ○ Yes ○ U/K

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

a. Child exposed to 2nd-hand smoke?
○ No ○ Yes ○ U/K
If yes, how often?
○ Frequently
○ Occasionally
○ U/K

b. Child overheated? ○ No ○ Yes ○ UK
If yes, Outside temp ____ deg. F
Check all that apply:
☐ Room too hot, temp ____ deg. F
☐ Too much bedding
☐ Too much clothing

c. History of seizures?
○ No ○ Yes ○ U/K
If yes, #_____
If yes, witnessed?
○ No ○ Yes ○ U/K

d. History of apnea?
○ No ○ Yes ○ U/K
If yes, #_____
If yes, witnessed?
○ No ○ Yes ○ U/K

e. For SIDS, go to Section H, page 11. For undetermined injury cause to infants also complete G12, page 11, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 10, then go to Section H.

6. WEAPON, INCLUDING PERSON'S BODY PART

a. Type of weapon:
- ○ Firearm, go to b
- ○ Sharp instrument, go to j
- ○ Blunt instrument, go to k
- ○ Person's body part, go to l
- ○ Explosive, go to m
- ○ Rope, go to m
- ○ Pipe, go to m
- ○ Biological, go to m
- ○ Other, specify and go to m
- ○ U/K, go to m

b. For firearms, type:
- ○ Handgun
- ○ Shotgun
- ○ BB gun
- ○ Hunting rifle
- ○ Assault rifle
- ○ Air rifle
- ○ Sawed off shotgun
- ○ Other, specify:
- ○ U/K

c. Firearm licensed?
○ No ○ Yes ○ U/K

d. Firearm safety features, check all that apply:
- ☐ Trigger lock
- ☐ Personalization device
- ☐ External safety/drop safety
- ☐ Loaded chamber indicator
- ☐ Magazine disconnect
- ☐ Minimum trigger pull
- ☐ Other, specify:
- ☐ U/K

e. Where was firearm stored?
- ○ Not stored
- ○ Locked cabinet
- ○ Unlocked cabinet
- ○ Glove compartment
- ○ Under mattress/pillow
- ○ Other, specify:
- ○ U/K

f. Firearm stored with with ammunition?
○ No ○ Yes ○ U/K

g. Firearm stored loaded?
○ No ○ Yes ○ U/K

h. Owner of fatal firearm:
- ○ U/K, weapon stolen
- ○ U/K, weapon found
- ○ Self
- ○ Biological parent
- ○ Adoptive parent
- ○ Stepparent
- ○ Foster parent
- ○ Mother's partner
- ○ Father's partner
- ○ Grandparent
- ○ Sibling
- ○ Spouse
- ○ Other relative
- ○ Friend
- ○ Acquaintance
- ○ Child's boyfriend or girlfriend
- ○ Classmate
- ○ Co-worker
- ○ Institutional staff
- ○ Neighbor
- ○ Rival gang member
- ○ Stranger
- ○ Law enforcement
- ○ Other, specify:
- ○ U/K

i. Sex of fatal firearm owner:
- ○ Male
- ○ Female
- ○ U/K

j. Type of sharp object:
- ○ Kitchen knife
- ○ Switchblade
- ○ Pocketknife
- ○ Razor
- ○ Hunting knife
- ○ Scissors
- ○ Other, specify:
- ○ U/K

k. Type of blunt object:
- ○ Bat
- ○ Club
- ○ Stick
- ○ Hammer
- ○ Rock
- ○ Household item
- ○ Other, specify:
- ○ U/K

l. What did person's body part do? Check all that apply:
- ☐ Beat, kick or punch
- ☐ Drop
- ☐ Push
- ☐ Bite
- ☐ Shake
- ☐ Strangle
- ☐ Throw
- ☐ Drown
- ☐ Burn
- ☐ Other, specify:
- ☐ U/K

m. Did person using weapon have history of weapon-related offenses?
- ○ No
- ○ Yes
- ○ U/K

n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?
- ○ No
- ○ Yes, describe circumstances:
- ○ U/K

o. Persons handling weapons at time of incident, check all that apply:

Fatal	and/or Other weapon		Fatal	and/or Other weapon	
☐	☐	Self	☐	☐	Friend
☐	☐	Biological parent	☐	☐	Acquaintance
☐	☐	Adoptive parent	☐	☐	Child's boyfriend or girlfriend
☐	☐	Stepparent	☐	☐	Classmate
☐	☐	Foster parent	☐	☐	Co-worker
☐	☐	Mother's partner	☐	☐	Institutional staff
☐	☐	Father's partner	☐	☐	Neighbor
☐	☐	Grandparent	☐	☐	Rival gang member
☐	☐	Sibling	☐	☐	Stranger
☐	☐	Spouse	☐	☐	Law enforcement officer
☐	☐	Other relative	☐	☐	Other, specify:
			☐	☐	U/K

p. Sex of person(s) handling weapon:

Fatal weapon:
- ○ Male
- ○ Female
- ○ U/K

Other weapon:
- ○ Male
- ○ Female
- ○ U/K

q. Use of weapon at time, check all that apply:
- ☐ Self-injury
- ☐ Commission of crime
- ☐ Drive-by shooting
- ☐ Random violence
- ☐ Child was a bystander
- ☐ Argument
- ☐ Jealousy
- ☐ Intimate partner violence
- ☐ Hate crime
- ☐ Bullying
- ☐ Hunting
- ☐ Target shooting
- ☐ Playing with weapon
- ☐ Weapon mistaken for toy
- ☐ Showing gun to others
- ☐ Russian Roulette
- ☐ Gang-related activity
- ☐ Self-defense
- ☐ Cleaning weapon
- ☐ Loading weapon
- ☐ Intervener assisting crime victim (Good Samaritan)
- ☐ Other, specify:
- ☐ U/K

7. ANIMAL BITE OR ATTACK

a. Type of animal:
- ○ Domesticated dog
- ○ Domesticated cat
- ○ Snake
- ○ Wild mammal, specify:
- ○ Insect
- ○ Other, specify:
- ○ U/K

b. Animal access to child, check all that apply:
- ☐ Animal on leash
- ☐ Animal caged or inside fence
- ○ Child reached in
- ○ Child entered animal area
- ○ U/K
- ☐ Animal escaped from cage or leash
- ☐ Animal not caged or leashed
- ☐ U/K

c. Did child provoke animal?
○ No ○ Yes ○ U/K
If yes, how?

d. Animal has history of biting or attacking?
○ No ○ Yes ○ U/K

8. FALL OR CRUSH

a. Type:
- ○ Fall, go to b
- ○ Crush, go to h

b. Height of fall:
_____ feet
_____ inches
○ U/K

c. Child fell from:
- ○ Open window, screen?
  - ○ Screen
  - ○ No screen
  - ○ U/K if screen
- ○ Natural elevation
- ○ Man-made elevation
- ○ Playground equipment
- ○ Tree
- ○ Stairs/steps
- ○ Furniture
- ○ Bed
- ○ Roof
- ○ Moving object, specify:
- ○ Bridge
- ○ Overpass
- ○ Balcony
- ○ Animal, specify:
- ○ Other, specify:
- ○ U/K

d. Surface child fell onto:
- ○ Cement/concrete
- ○ Grass
- ○ Gravel
- ○ Wood floor
- ○ Carpeted floor
- ○ Linoleum/vinyl
- ○ Marble/tile
- ○ Other, specify:
- ○ U/K

e. Barrier in place:
Check all that apply:
- ☐ None
- ☐ Screen
- ☐ Other window guard
- ☐ Fence
- ☐ Railing
- ☐ Stairway
- ☐ Gate
- ☐ Other, specify:
- ☐ U/K

f. Child in a baby walker?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

g. Was child pushed, droppped or thrown?
○ No ○ Yes ○ U/K

If yes, answer G6q, page 9

h. For crush, did child:
- ○ Climb up on object
- ○ Pull object down
- ○ Hide behind object
- ○ Go behind object
- ○ Fall out of object
- ○ Other, specify:
- ○ U/K

i. For crush, object causing crush:
- ○ Appliance
- ○ Television
- ○ Furniture
- ○ Walls
- ○ Playground equipment
- ○ Animal
- ○ Tree branch
- ○ Boulders/rocks
- ○ Dirt/sand
- ○ Person, answer G6q
- ○ Commercial equipment
- ○ Farm equipment
- ○ Other, specify:
- ○ U/K

9. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply:

Prescription drug
- ☐ Antidepressant
- ☐ Blood pressure medication
- ☐ Pain killer (opiate)
- ☐ Pain killer (non-opiate)
- ☐ Methadone
- ☐ Cardiac medication
- ☐ Other, specify:

Over the counter drug
- ☐ Diet pills
- ☐ Stimulants
- ☐ Cough medicine
- ☐ Pain medication
- ☐ Children's vitamins
- ☐ Iron supplement
- ☐ Other vitamins
- ☐ Other, specify:
- ☐ Cosmetics/personal care products

Cleaning substances
- ☐ Bleach
- ☐ Drain cleaner
- ☐ Alkaline-based cleaner
- ☐ Solvent
- ☐ Other, specify:

Other substances
- ☐ Plants
- ☐ Alcohol
- ☐ Street drugs
- ☐ Pesticide
- ☐ Antifreeze
- ☐ Other chemical
- ☐ Herbal remedy
- ☐ Carbon monoxide, go to f.
- ☐ Other fume/gas/vapor
- ☐ Other, specify:

○ U/K

b. Where was the substance stored?
- ○ Open area
- ○ Open cabinet
- ○ Closed cabinet, unlocked
- ○ Closed cabinet, locked
- ○ Other, specify:
- ○ U/K

c. Was the product in its original container?
○ N/A ○ Yes ○ No ○ U/K

d. Did container have a child safety cap?
○ N/A ○ Yes ○ No ○ U/K

e. If prescription, was it child's?
○ No ○ Yes ○ U/K

f. Was the incident the result of?
- ○ Accidental overdose
- ○ Medical treatment mishap
- ○ Adverse effect, but not overdose
- ○ Deliberate poisoning
- ○ Acute intoxication
- ○ Other, specify:
- ○ U/K

g. Was Poison Control called?
○ No ○ Yes ○ U/K

If yes, who called:
- ○ Child
- ○ Parent
- ○ Other caregiver
- ○ First responder
- ○ Medical person
- ○ Other, specify:
- ○ U/K

h. For CO poisoning, was a CO detector present?
○ No ○ Yes ○ U/K

If yes, how many? _____

Functioning properly?
○ No ○ Yes ○ U/K

10. EXPOSURE

a. Circumstances, check all that apply:
- ☐ Abandonment
- ☐ Left in car
- ☐ Left in room
- ☐ Submerged in water
- ☐ Injured outdoors
- ☐ Lost outdoors
- ☐ Illegal border crossing
- ☐ Other, specify:
- ☐ U/K

b. Condition of exposure:
- ○ Hyperthermia
- ○ Hypothermia
- ○ U/K

_____ Ambient temp, degrees F

c. Number of hours exposed:
_____
○ U/K

d. Was child wearing appropriate clothing?
- ○ No
- ○ Yes
- ○ U/K

11. MEDICAL CONDITION

a. How long did the child have the medical condition?
- ○ In utero
- ○ Since birth
- ○ Hours
- ○ Days
- ○ Weeks
- ○ Months
- ○ Years
- ○ U/K

b. Was death expected as a result of medical condition?
- ○ N/A not previoulsy diagnosed
- ○ No
- ○ Yes
- ○ U/K
- ☐ But at a later time

c. Was child receiving health care for the medical condition?
○ No ○ Yes ○ U/K

If yes, within 48 hours of the death?
○ No ○ Yes ○ U/K

d. Were the prescribed care plans appropriate for the medical condition?
- ○ N/A
- ○ No, specify:
- ○ Yes
- ○ U/K

e. Was child/family compliant with the prescribed care plans?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

If no, what wasn't compliant? Check all that apply.
- ☐ Appointments
- ☐ Medications, specify:
- ☐ Medical equipment use, specify:
- ☐ Therapies, specify:
- ☐ Other, specify:
- ☐ U/K

f. Was child up to date with American Academy of Pediatrics immunization schedule?
- ○ N/A
- ○ No, specify:
- ○ Yes
- ○ U/K

g. Was medical condition associated with an outbreak?
- ○ No
- ○ Yes, specify:
- ○ U/K

h. Was environmental tobacco exposure a contributing factor in death?
○ No ○ Yes ○ U/K

i. Were there access or compliance issues related to the death? ○ No ○ Yes ○ U/K If yes, check all that apply.

☐ Lack of money for care	☐ Language barriers	☐ Caregiver distrust of health care system
☐ Limitations of health insurance coverage	☐ Referrals not made	☐ Caregiver unskilled in providing care
☐ Multiple health insurance, not coordinated	☐ Specialist needed, not available	☐ Caregiver unwilling to provide care
☐ Lack of transportation	☐ Multiple providers, not coordinated	☐ Caregiver's partner would not allow care
☐ No phone	☐ Lack of child care	☐ Other, specify:
☐ Cultural differences	☐ Lack of family or social support	
☐ Religious objections to care	☐ Services not available	☐ U/K

12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE

Specify cause, describe in detail:

H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS

1. DID DEATH OCCUR WHILE CHILD SLEEPING OR IN A SLEEPING ENVIRONMENT? ○ No, go to H2 ○ Yes ○ U/K, go to H2

a. Incident sleep place:
○ Crib ○ Playpen ○ Carseat/stroller
○ Bassinette ○ Couch ○ Other, specify:
○ Adult bed ○ Chair
○ Waterbed ○ Floor ○ U/K

If adult bed, what type?
○ Twin ○ King
○ Full ○ Other, specify:
○ Queen ○ U/K

b. Child put to sleep:
○ On back
○ On stomach
○ On side
○ U/K

c. Child found:
○ On back
○ On stomach
○ On side
○ U/K

d. Usual sleep place:
○ Crib ○ Couch ○ U/K
○ Bassinette ○ Chair
○ Adult bed ○ Floor
○ Waterbed ○ Carseat/stroller
○ Playpen ○ Other, specify:

If adult bed, what type?
○ Twin ○ King
○ Full ○ Other, specify:
○ Queen ○ U/K

e. Usual sleep position:
○ On back
○ On stomach
○ On side
○ U/K

f. Was there a crib, bassinette or port-a-crib in home for child?
○ No ○ Yes ○ U/K

g. Child in new/different environment?
○ No ○ Yes ○ U/K
If yes, specify:

h. Circumstances when child found:

Child's airway was:
○ Unobstructed by person or object
○ Fully obstructed by person or object
○ Partially obstructed by person or object
○ U/K

Child's position most relevant to death:
○ On top of
○ Under
○ Between
○ Wedged into
○ Pressed into
○ Fell or rolled onto
○ Tangled in
○ Other, specify:
○ U/K

With what objects or persons, check all that apply:

☐ Adult(s)	☐ Water bed mattress	☐ Clothing
☐ Child(ren)	☐ Air mattress	☐ Cord
☐ Animal(s)	☐ Bumper pads	☐ Plastic bag
☐ Blanket	☐ Crib rail	☐ Wall
☐ Pillow	☐ Couch	☐ Other, specify:
☐ Comforter	☐ Chair, type:	
☐ Mattress	☐ Car seat/stroller	☐ U/K
☐ Pillow-top mattress	☐ Stuffed toy	

i. Caregiver/supervisor fell asleep while feeding child?
○ No ○ Yes ○ U/K
If yes, type of feeding: ○ Bottle ○ Breast ○ U/K

j. Child sleeping on same surface with person(s) or animals(s)? Check all that apply:
☐ With adult(s): Number: ____ ☐ # U/K
☐ With other children: Number: ____ ☐ # U/K
☐ With animal(s): Number: ____ ☐ # U/K
☐ U/K
Adult obese: ○ No ○ Yes ○ U/K
Children's ages:
Type(s) of animal:

2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT? ○ No, go to H3 ○ Yes ○ U/K, go to H3

a. Describe product and circumstances:

b. Was product used properly?
○ No ○ Yes ○ U/K

c. Is a recall in place?
○ No ○ Yes ○ U/K

d. Did product have safety label?
○ No ○ Yes ○ U/K

e. Was Consumer Product Safety Commission (CPSC) notified?
○ No, call 1-800-638-2772 to file report
○ Yes ○ U/K

3. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? ◯ No ◯ Yes ◯ U/K

a. Type of crime, check all that apply:

☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K
☐ Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐ Auto theft
☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

I. ACTS OF OMISSION OR COMMISSION INCLUDING CHILD ABUSE, NEGLECT, AND SUICIDE

Type of Act

1. Did any action(s) of omission or commission cause or contribute to the death?
◯ No, go to Sect. J, page 14
◯ Yes
◯ Probable
◯ U/K, go to Sect. J, page 14

If yes or probable, was the act(s)?
Check all that apply:
☐ The direct cause of death
☐ The contributing cause of death

2. Was the act(s): Check only one per column.

Caused	Contributed
◯	◯ Unintentional
◯	◯ Intentional
◯	◯ Undetermined intent
◯	◯ U/K

3. What acts caused or contributed to the death?
Check only one per column and describe in narrative.

Caused	Contributed
◯	◯ Poor/absent supervision, go to 11
◯	◯ Child abuse, go to 4
◯	◯ Child neglect, go to 9
◯	◯ Other negligence, go to 10
◯	◯ Assault, not child abuse, go to 11
◯	◯ Religious/cultural practices, go to 11
◯	◯ Suicide, go to 28
◯	◯ Medical misadventure, specify and go to 12
◯	◯ Other, specify and go to 11
◯	◯ U/K, go to 11

4. Child abuse, type. Check all that apply and describe in narrative.
☐ Physical, go to 5
☐ Emotional, specify and go to 11
☐ Sexual, specify and go to 11
☐ U/K, go to 11

5. Type of physical abuse, check all that apply:
☐ Abusive head trauma, go to 6
☐ Chronic Battered Child Syndrome, go to 8
☐ Beating/kicking, go to 8
☐ Scalding or burning, go to 8
☐ Munchausen Syndrome by Proxy, go to 8
☐ Other, specify and go to 8
☐ U/K, go to 8

6. For abusive head trauma, were there retinal hemorrhages?
◯ No ◯ Yes ◯ U/K

7. For abusive head trauma, was the child shaken?
◯ No ◯ Yes ◯ U/K

If yes, was there impact?
◯ No ◯ Yes ◯ U/K

8. Events(s) triggering physical abuse, check all that apply:
☐ None
☐ Crying
☐ Toilet training
☐ Disobedience
☐ Feeding problems
☐ Domestic argument
☐ Other, specify:
☐ U/K

9. Child neglect, check all that apply:
☐ Failure to protect from hazards, specify:
☐ Failure to provide necessities
☐ Food
☐ Shelter
☐ Other, specify:
☐ Failure to seek/follow treatment, specify:
☐ Emotional neglect, specify:
☐ Abandonment, specify:
☐ U/K

10. Other negligence:
◯ Vehicular
◯ Other, specify:
◯ U/K

11. Was act(s) of ommision/commision:

Caused	Contributed
◯	◯ Chronic with child
◯	◯ Pattern in family or with perpetrator
◯	◯ Isolated incident
◯	◯ U/K

Person(s) Responsible

12. Is person the caregiver or supervisor in previous section?

Caused	Contributed
◯	◯ No
◯	◯ Yes, caregiver one, go to 25
◯	◯ Yes, caregiver two, go to 25
◯	◯ Yes, supervisor, go to 26

13. Primary person responsible for action(s) that caused and/or contributed to death:
Select no more than one person for caused and one person for contributed.

Caused	Contributed
◯	◯ Self, go to 25
◯	◯ Biological parent
◯	◯ Adoptive parent
◯	◯ Step parent
◯	◯ Foster parent
◯	◯ Mother's partner
◯	◯ Father's partner
◯	◯ Grandparent
◯	◯ Sibling
◯	◯ Other relative
◯	◯ Friend
◯	◯ Acquaintance
◯	◯ Child's boyfriend or girlfriend
◯	◯ Stranger
◯	◯ Medical provider
◯	◯ Institutional staff
◯	◯ Babysitter
◯	◯ Licensed child care worker
◯	◯ Other, specify:
◯	◯ U/K

14. Person's age in years:

Caused	Contributed
———	——— # Years
◯	◯ U/K

15. Person's sex:

Caused	Contributed
◯	◯ Male
◯	◯ Female
◯	◯ U/K

16. Does person speak English?

Caused	Contributed
◯	◯ No
◯	◯ Yes
◯	◯ U/K

If no, language spoken:

17. Person on active military duty?

Caused	Contributed
◯	◯ No
◯	◯ Yes
◯	◯ U/K

If yes, specify branch:

18. Person have history of substance abuse?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Alcohol
☐	☐	Cocaine
☐	☐	Marijuana
☐	☐	Methamphetamine
☐	☐	Opiates
☐	☐	Prescription drugs
☐	☐	Over-the-counter
☐	☐	Other, specify:
☐	☐	U/K

19. Person have history of child maltreatment as victim?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/ psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	Ever in foster care or adopted?

20. Person have history of child maltreatment as a perpetrator?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	CPS prevention services?
☐	☐	Family Preservation svcs?
☐	☐	Children ever removed?

21. Person have disability or chronic illness?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical, specify:
☐	☐	Mental, specify:
☐	☐	Sensory, specify:
☐	☐	U/K

If mental, was caregiver receiving services?

○	○	No
○	○	Yes
○	○	U/K

22. Person have prior child deaths?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

Caused	Contributed	
☐	☐	Child abuse # _____
☐	☐	Child neglect # _____
☐	☐	Accident # _____
☐	☐	Suicide # _____
☐	☐	SIDS # _____
☐	☐	Other # _____
		Other, specify:
☐	☐	U/K

23. Person have history of intimate partner violence?

Caused	Contributed	
☐	☐	No
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	U/K

24. Person have delinquent/criminal history?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Assaults
☐	☐	Robbery
☐	☐	Drugs
☐	☐	Other, specify:
☐	☐	U/K

25. At time of incident was person, check all that apply:

Caused	Contributed	
☐	☐	Drug impaired?
☐	☐	Alcohol impaired?
☐	☐	Asleep?
☐	☐	Distracted?
☐	☐	Absent?
☐	☐	Impaired by illness? Specify:
☐	☐	Impaired by disability? Specify:
☐	☐	Other? Specify:

26. Does person have, check all that apply:

Caused	Contributed	
☐	☐	Prior history of similar acts?
☐	☐	Prior arrests?
☐	☐	Prior convictions?

27. Legal outcomes in this death, check all that apply:

Caused	Contributed	
☐	☐	No charges filed
☐	☐	Charges pending
☐	☐	Charges filed, specify:
☐	☐	Confession
☐	☐	Plead, specify:
☐	☐	Not guilty verdict
☐	☐	Guilty verdict, specify:
☐	☐	Tort charges, specify:
☐	☐	U/K

For Suicide

28. For suicide, select yes, no or u/k for each question. Describe answers in narrative.

Yes	No	U/K	
○	○	○	A note was left?
○	○	○	Child talked about suicide?
○	○	○	Prior suicide threats were made?
○	○	○	Prior attempts were made?
○	○	○	Suicide was completely unexpected?
○	○	○	Child had a history of running away?
○	○	○	Child had a history of self mutilation?
○	○	○	There is a family history of suicide?
○	○	○	Suicide was part of a murder-suicide?
○	○	○	Suicide was part of a suicide pact?
○	○	○	Suicide was part of a suicide cluster?

29. For suicide, was there a history of acute or cumulative personal crisis that may have contributed to the child's despondency? Check all that apply:

☐ None known	☐ Physical abuse/assault
☐ Family discord	☐ Rape/sexual abuse
☐ Parents' divorce/separation	☐ Problems with the law
☐ Argument with parents/caregivers	☐ Drugs/alcohol
☐ Argument with boyfriend/girlfriend	☐ Sexual orientation
☐ Breakup with boyfriend/girlfriend	☐ Religious/cultural issues
☐ Argument with other friends	☐ Job problems
☐ Rumor mongering	☐ Money problems
☐ Suicide by friend or relative	☐ Gambling problems
☐ Other death of friend or relative	☐ Involvement in cult activities
☐ Bullying as victim	☐ Involvement in computer or video games
☐ Bullying as perpetrator	☐ Involvement with the Internet, specify:
☐ School failure	☐ Other, specify:
☐ Move/new school	☐ U/K
☐ Other serious school problems	
☐ Pregnancy	

J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

1. Services: Select one option per row:	Provided after death	Offered but refused	Offered but U/K if used	Should be offered	Needed but not available	Unknown	CDR review led to referral
Bereavement counseling	○	○	○	○	○	○	☐
Economic support	○	○	○	○	○	○	☐
Funeral arrangements	○	○	○	○	○	○	☐
Emergency shelter	○	○	○	○	○	○	☐
Mental health services	○	○	○	○	○	○	☐
Foster care	○	○	○	○	○	○	☐
Health care	○	○	○	○	○	○	☐
Legal services	○	○	○	○	○	○	☐
Family planning	○	○	○	○	○	○	☐
Other, specify:	○	○	○	○	○	○	☐

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

○ **Mark this case to edit/add prevention actions at at later date**

1. Could the death have been prevented? ○ No, probably not ○ Yes, probably ○ Team could not determine

2. What specific recommendations and/or actions resulted from the review? Check all that apply: ○ No recommendations made, go to Section L

		***Current* Action Stage**			**Type of Action**		**Level of Action**		
		Recommendation	Planning	Implementation	Short term	Long term	Local	State	National
Education	Media campaign	○	○	○	☐	☐	☐	☐	☐
	School program	○	○	○	☐	☐	☐	☐	☐
	Community safety project	○	○	○	☐	☐	☐	☐	☐
	Provider education	○	○	○	☐	☐	☐	☐	☐
	Parent education	○	○	○	☐	☐	☐	☐	☐
	Public forum	○	○	○	☐	☐	☐	☐	☐
	Other education	○	○	○	☐	☐	☐	☐	☐
Agency	New policy(ies)	○	○	○	☐	☐	☐	☐	☐
	Revised policy(ies)	○	○	○	☐	☐	☐	☐	☐
	New program	○	○	○	☐	☐	☐	☐	☐
	New services	○	○	○	☐	☐	☐	☐	☐
	Expanded services	○	○	○	☐	☐	☐	☐	☐
Law	New law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Amended law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Enforcement of law/ordinance	○	○	○	☐	☐	☐	☐	☐
Environment	Modify a consumer product	○	○	○	☐	☐	☐	☐	☐
	Recall a consumer product	○	○	○	☐	☐	☐	☐	☐
	Modify a public space	○	○	○	☐	☐	☐	☐	☐
	Modify a private space(s)	○	○	○	☐	☐	☐	☐	☐
	Other, specify:	○	○	○	☐	☐	☐	☐	☐

Briefly describe the strategies:

3. Who took responsibility for championing the prevention strategies? Check all that apply:

☐ N/A, no strategies ☐ Mental health ☐ Law enforcement ☐ Advocacy organization ☐ Other, specify:
☐ No one ☐ Schools ☐ Medical examiner ☐ Local community group
☐ Health department ☐ Hospital ☐ Coroner ☐ New coalition/task force
☐ Social services ☐ Other health care providers ☐ Elected official ☐ Youth group ☐ U/K

L. THE REVIEW MEETING PROCESS

1. Date of first review meeting:

2. Number of review meetings for this case: _____

3. Is review complete? ○ No ○ Yes

4. Agencies at review, check all that apply:

- ☐ Medical examiner/coroner
- ☐ Law enforcement
- ☐ Prosecutor/district attorney
- ☐ Public health
- ☐ CPS
- ☐ Other social services
- ☐ Physician
- ☐ Hospital
- ☐ Other health care
- ☐ Fire
- ☐ EMS
- ☐ Education
- ☐ Mental health
- ☐ Substance abuse
- ☐ Court
- ☐ Child advocate
- ☐ Others, list:

5. Factors that prevented an effective review, check all that apply:

- ☐ Confidentiality issues among members prevented full exchange of information.
- ☐ HIPAA regulations prevented access to or exchange of information.
- ☐ Inadequate investigation precluded having enough information for review.
- ☐ Team members did not bring adequate information to the meeting.
- ☐ Necessary team members were absent.
- ☐ Meeting was held too soon after death.
- ☐ Meeting was held too long after death.
- ☐ Records or information were needed from another locality in-state.
- ☐ Records or information were needed from another state.
- ☐ Team disagreement on circumstances.
- ☐ Other factors, specify:

6. Review meeting outcomes, check all that apply:

- ☐ Review led to additional investigation.
- ☐ Team disagreed with official manner of death.
  What did team believe manner should be?
- ☐ Team disagreed with official cause of death.
  What did team believe cause should be?
- ☐ Because of the review, the official cause or manner of death was changed.
- ☐ Review led to the delivery of services.
- ☐ Review led to changes in agency policies or practices.
- ☐ Review led to prevention initiatives being implemented.
  - ☐ Local ☐ State ☐ National

M. NARRATIVE

Use this space to provide more detail on the circumstances of the death, and to describe any other relevant information.
Try not to include identifiers in the narrative.

Continue narrative if necessary on back page

N. FORM COMPLETED BY:

PERSON:
TITLE:
AGENCY:
PHONE:
EMAIL:
DATE COMPLETED:
DATA ENTRY COMPLETED FOR THIS CASE? ☐

NOTES

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NATIONAL CENTER FOR CHILD DEATH REVIEW
KEEPING KIDS ALIVE

Data Entry: https://cdrdata.org
www.childdeathreview.org
email: info@childdeathreview.org
1-800-656-2434

NATIONAL CENTER FOR CHILD DEATH REVIEW

KEEPING KIDS ALIVE

Understanding How and Why Children Die & Taking Actions to Prevent Child Deaths

Child Death Review Case Reporting System

INTERNET DATABASE

User Manual

Version 2

©January 1, 2008

National Center for Child Death Review

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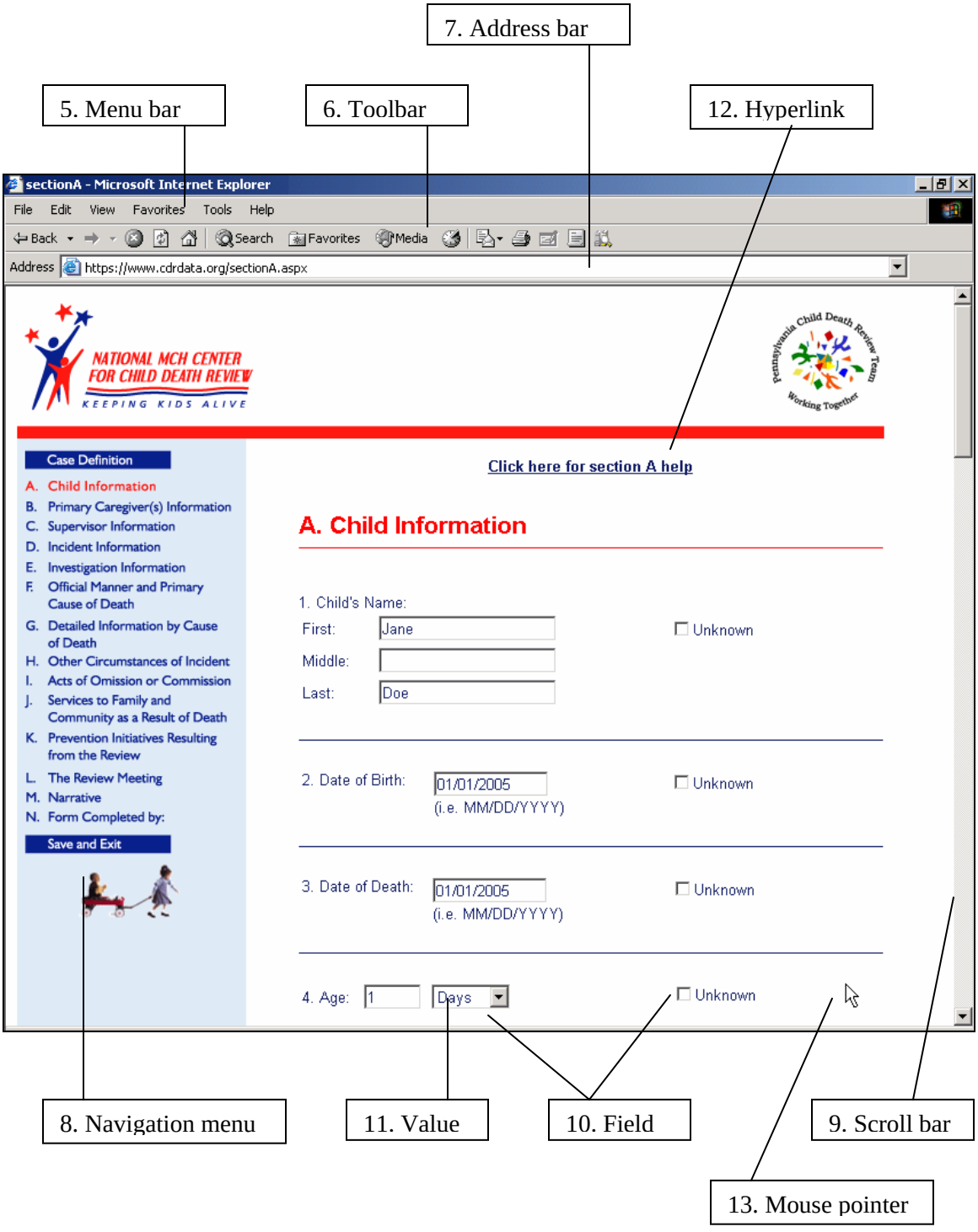
Section 1 – Terminology

Becoming familiar with these common Internet terms will help you to understand the instructions provided in this guide. The following page has illustrated examples of these terms.

1. Internet browser: A program that provides a way to look at and interact with all the information on the Internet. Common browsers include Microsoft Internet Explorer and Netscape Communicator.
2. Window: The boxed area on the monitor that the browser's information opens in.
3. Web page: The collection of information that displays in the window of the Internet browser at one time. Often simply referred to as a "page".
4. Website: A collection of related web pages. You can think of a web site as a book that arrives a page at a time as you request each one.
5. Menu bar: The second strip from the top of the window containing words the user can point to and click on to access browser functions.
6. Toolbar: The third strip from the top of the window containing icons the user can point to and click on that are shortcuts to access browser functions.
7. Address bar: The fourth strip from the top of the window that the user can type in the address for a website or view the address for the web page that is being displayed.
8. Navigation menu: The area on the left side of the screen that allows a user to access a particular part of the web site.
9. Scroll bar: The strip at the right side of the window that allows the user to access more information than can be displayed on the monitor at a given time. Click above or below the box to see additional information, or use the arrows for more control of movement. Scroll bars are not displayed in windows where all of the information for that page fits within the window.
10. Field: Fields are places where information is stored. When you answer a question, you type information into a field.
11. Value: Values are the individual choices available for a given field. "Yes" and "No" are examples of values.
12. Hyperlink: An underlined text the user can point to and click on to access a different part of the web site or access another web site.
13. Mouse pointer: The moving arrow or "I" icon seen on the window that allows users to see where to point and click.

Examples of Internet terms:



Section 2 – Getting In, Out, and Around the Website

Accessing the Website

Please use Microsoft Internet Explorer 6.0 for the best possible results. Problems are known to occur with earlier versions of Internet Explorer or other browser platforms such as Netscape or Mosaic. Microsoft Internet Explorer 6.0 can be downloaded for free at **www.microsoft.com/windows/ie/downloads/ie6/**. Please check with your technology staff before downloading and installing any new software.

Open your Internet browser, and type **https://www.cdrdata.org** into the address bar of the browser. It is important to include the 's' after 'http' otherwise the secured server may not recognize your contact attempt.

You may want to create a bookmark for this website so that you can easily access it in the future without having to remember the text you would need to type in the address bar. To create a bookmark:

1) Click on "Favorites" in the menu bar. This will initiate a drop-down list of options.
2) The first option on this list is "Add to Favorites..."; click on this.
3) A window will launch, in which you have the option of changing the bookmark name and placing it in a folder with other bookmarks. If you are unsure which settings you prefer, simply click on the "OK" button.
4) When you next click on "Favorites", this website will be included in the drop-down list of options (or in a folder in this list if you placed it there).

Login to the Website

The first page of the website is a general information page that is available to everyone on the Internet. Click on the picture of the running kids (as seen on the right) to go to the system login page. Type your user name and password in the appropriate places, and click on the "Login" button.

In order to login to the website, you must be a registered user of the Internet *Child Death Review Case Reporting System*. To become a registered user of the system, contact your designated State Administrator or the National Center for Child Death Review at 1-800-656-2434.

If an incorrect password is used three times with your user name, the system will lock your account for security reasons. Should this occur, please contact your State Administrator or the National Center to have your account unlocked or your password reset.

The Welcome Page and Website Navigation

After you successfully login, you will be directed to your Welcome Page. This page gives specific information about your state's child fatality review program and who to contact for more information in your state.

On this left side of the Welcome Page is the navigation menu for the website. The permissions given to you by your State Administrator determine what you can and cannot access in the Internet system; therefore, the navigation menu you see may appear slightly different than the example given here.

Each menu option on the Welcome Page represents a different function you can perform. To use any navigation menu in the Internet *Child Death Review Case Reporting System*, simply move your mouse pointer to an option such as "Create Standardized Reports" and the option will change color from blue to red. When you click your mouse, the option that has changed to red will be selected. The navigation menu will then change to the navigation menu specific to that function when the new page appears on your screen. These other navigation menus will be discussed in later sections.

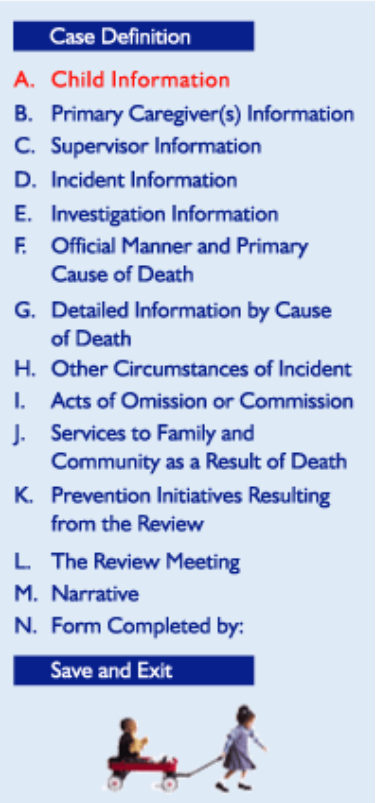
Exiting the Website

Important! Use the "Logout" option on the Welcome Page navigation menu to exit the website before closing your Internet browser.

The reason for this has to do with the nature of Web programming. If you simply close your Internet browser without using the "Logout", the Internet *Child Death Review Case Reporting System* cannot detect your exit and thinks that you are still in the system. Therefore, your account is "locked" and the system will not allow you login again for the next 60 minutes, which is the time limit for automatic logout due to "inactivity". If this does occur, you can contact your State Administrator or the National Center to unlock your account.

Section 3 – Enter a New Case

Clicking on the "Enter a New Case" option from the Welcome Page brings you to the data entry section of the Internet *Child Death Review Case Reporting System*. Depending on your permissions, you may or may not be able to access this section.


Case Definition
A. Child Information
B. Primary Caregiver(s) Information
C. Supervisor Information
D. Incident Information
E. Investigation Information
F. Official Manner and Primary Cause of Death
G. Detailed Information by Cause of Death
H. Other Circumstances of Incident
I. Acts of Omission or Commission
J. Services to Family and Community as a Result of Death
K. Prevention Initiatives Resulting from the Review
L. The Review Meeting
M. Narrative
N. Form Completed by:
Save and Exit

Navigation and Saving Data

The navigation menu on the left has changed for use in the data entry section. Each option on the data entry navigation menu corresponds to a section of the paper *Child Death Review Case Report Form*. The current section that is displayed on your screen will be in red at all times. Menu options will change to red to indicate your selection as you move your mouse pointer over them.

You can proceed to a particular section of the data tool by clicking on the desired option in the data entry navigation menu, or you can proceed to the next section by clicking the "Save and Continue" hyperlink at the bottom right corner of every page. Data will be saved if you use either the data entry navigation menu or the "Save and Continue" hyperlink. You can also leave the data entry section, save your data, and return to the Welcome Page at any time by clicking on the "Save and Exit" hyperlink at the bottom of the data entry navigation menu.

Due to security reasons, the Internet system will "time out" after 60 minutes if there has not been a page saved. This is technically not the same as "inactivity". For example, if you enter data for 30 minutes and take a conference call for 30 minutes, your session will "time out" and any unsaved data will be lost. The Internet system can only recognize that you are still working when a page save is initiated.

Important! Please refrain from using the "Back" button located in the toolbar of your browser while you are in a data entry page. The "Back" button has been disabled in the data tool such that if you click on the "Back" button, you will not be brought back to the last page you visited but will remain in the current section of the data tool. In addition, you will lose any data that has been entered unless "Save and Continue" or "Save and Exit" was clicked prior to hitting the "Back" button.

Due to another issue with Web programming, you will not be able to use the "Enter" key or the arrow keys to move from question to question. You will need to use either the "Tab" key or your mouse.

Defining a Case Number

The first data entry page that appears on your screen is the Case Definition Page, which corresponds to the "Case Number" section of the paper form. This is where you create the unique identifier for the case you are entering. The paper form allows for four levels of information to define a case: State, County or Team Number, Year of Review, and Sequence of Review. However, depending on the profile that your state has established with the National Center, you may not see all of these options.

State: This identifier is automatically filled in for you, and you cannot edit this field. Every state has a unique identifier.

County: States that have county-level teams will have this identifier. Local-level users will have this identifier filled in automatically, and will not be able to edit this field. State-level users will be able to select from among the counties in their state to fill in this field.

Team Number: States that have regional teams that encompass multiple counties or that have multiple teams within a county will have this identifier. Local-level users will have this identifier filled in automatically, and will not be able to edit this field. State-level users will be able to enter a team number from their state into this field.

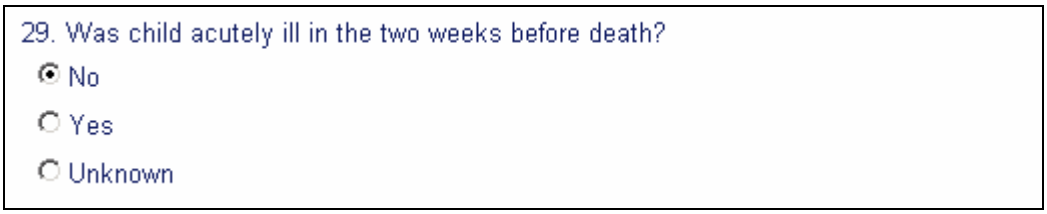
Year of Review: This identifier is automatically filled in to the current year. You can edit this field in order to enter cases from past years.

Sequence of Review: This identifier is automatically filled in to the next highest sequence number for the current year. For example, if the last sequence number you entered in the current year was "00021" then the next new case you enter will come up as sequence "00022", regardless of whether sequences "00019" or "00020" exist. You can edit this field to any sequence number. The sequence number must be numeric only – no letters or characters allowed.

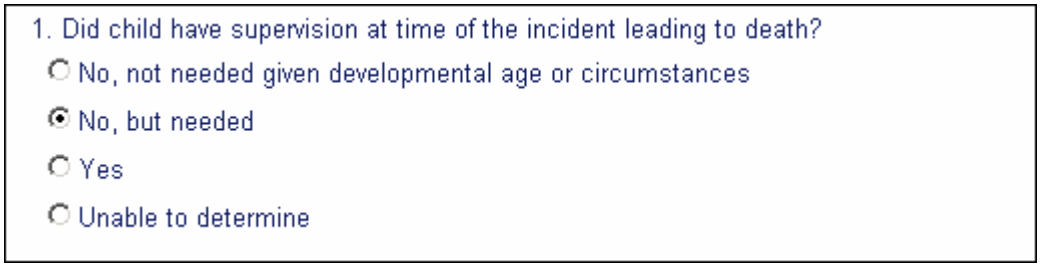
Question Types

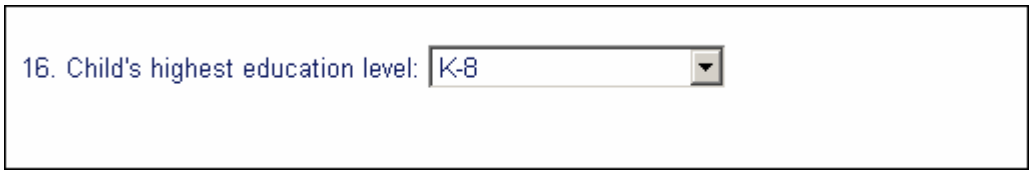
There are six types of questions that you will encounter in data entry. We will give some general examples in this section. If you need more information about the definition of individual questions, please refer to the supporting document entitled *Data Dictionary*.

No/Yes/Unknown: Choose the answer that best applies. In some questions, there is also a "N/A" option. Questions should be left blank (unanswered) if the information was not researched; questions should be marked "unknown" if the information was researched but no clear or satisfactory response was obtained.

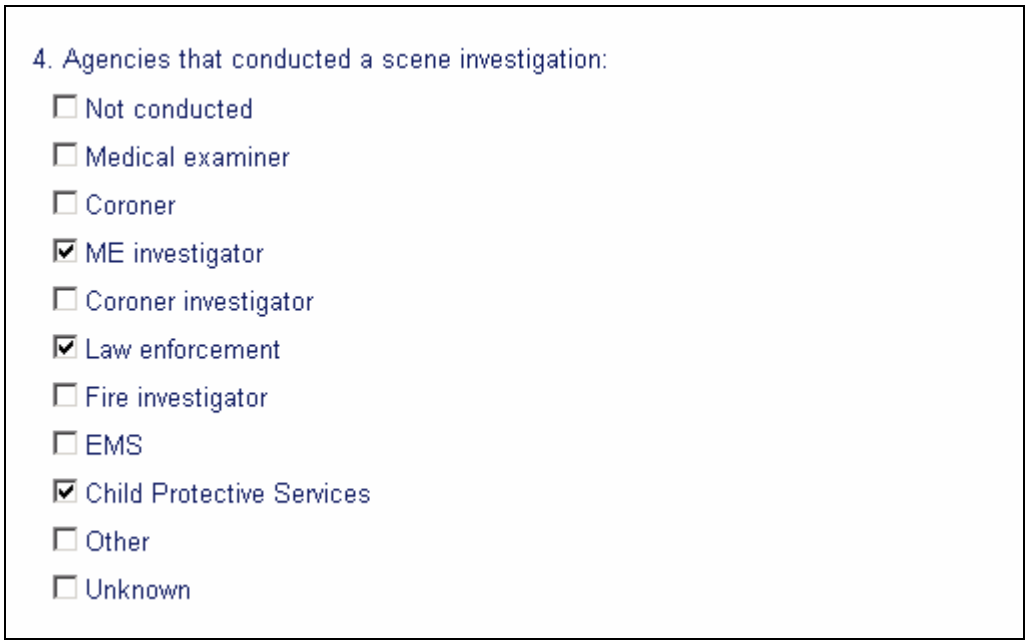


Multiple choice: Choose the one answer that best applies. This type of question is typically seen as a list of possible answers with round buttons next to them, as is seen in the first example. Sometimes this type of question is seen as a rectangular box where you click the triangular arrow button in the box to see all of the options you can select from, as is seen in the second example.

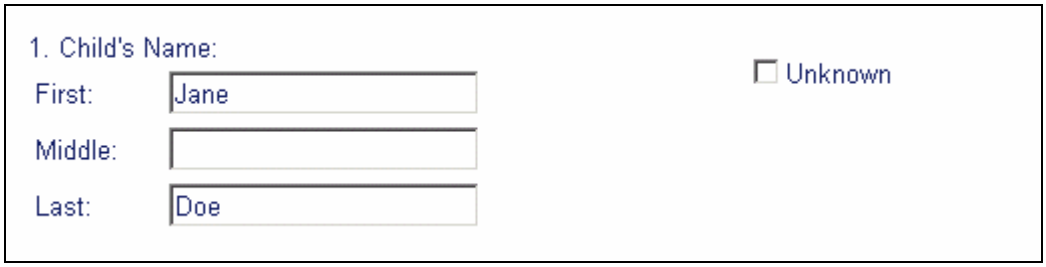

1. Did child have supervision at time of the incident leading to death?
No, not needed given developmental age or circumstances
No, but needed
Yes
Unable to determine

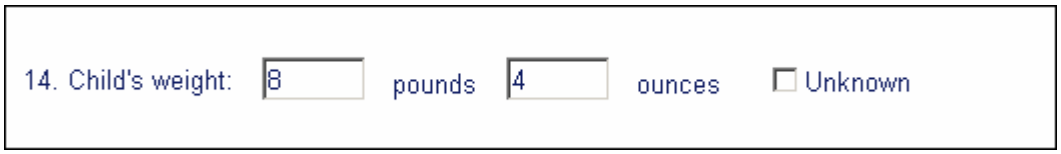


Check all that apply: Only questions that have a square box next to a list of possible answers (instead of a round button) are *check all that apply*. Approach each checkbox as if it is a yes/no question. If the answer is "Yes", then check the box. If the answer is "No", then leave the box blank.



Fill in the blank: These are questions with simple boxes in which you can answer with text (as in the first example), numbers (as in the second example), or a date (as in the third example). Many of the *fill in the blank* questions are combined with an "Unknown" checkbox, as illustrated in the examples. In these questions, you have the option of either answering the *fill in the blank* or checking unknown.





Important! Users are cautioned to avoid entering identifying information in "specify" boxes. This would primarily include names and county identifiers that could be used to recognize your team or the case. For example, when referring to local law enforcement use "county sheriff" rather than "Columbia County sheriff". See Section 6 of this manual for more information about identified and de-identified data.

Table/matrix: Similar to a multiple choice question, choose the one answer that best applies for that row. Some tables, like the example below, also include checkboxes in the row. Approach each checkbox as if it is a yes/no question for that row.

	Provided after death	Offered but refused	Offered, unknown if used	Should be offered	Needed but not available	Unknown	CDR review led to referral
Bereavement counseling	◉	○	○	○	○	○	☑
Economic support	○	○	○	○	○	◉	☐
Funeral arrangements	○	◉	○	○	○	○	☐
Emergency shelter	○	○	○	○	○	◉	☐
Mental health services	○	○	○	◉	○	○	☑

Follow-up questions: Some questions have additional parts that become visible when a certain answer is given. This can include questions that have a "Specify" following an "Other" answer, as in the first example; or those that have one or more questions that follow the initial question, as in the second example.

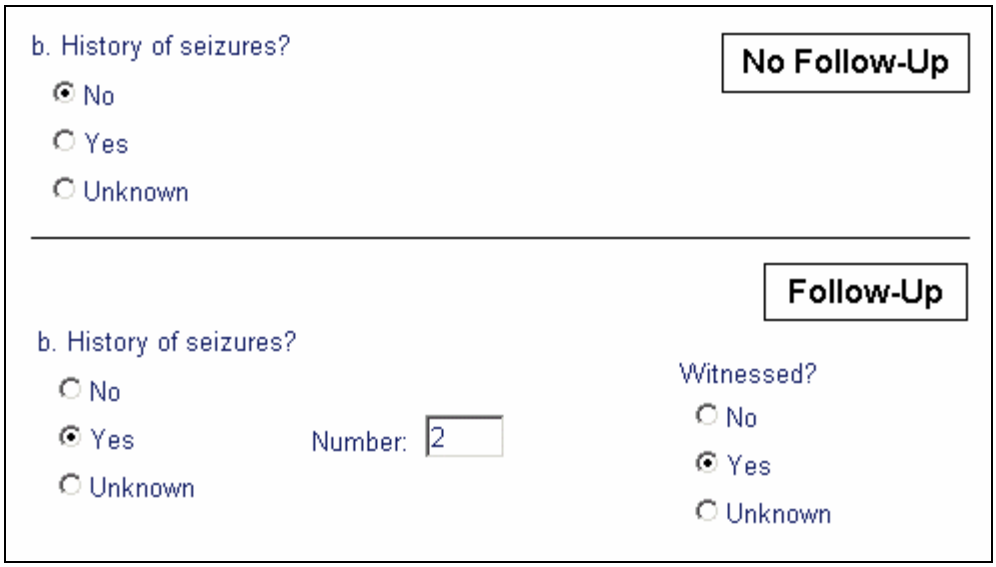
18. Child's health insurance: **No Follow-Up**

- ☐ None
- ☑ Private
- ☐ Medicaid
- ☐ State Plan
- ☐ Other
- ☐ Unknown

---

18. Child's health insurance: **Follow-Up**

- ☐ None
- ☑ Private
- ☐ Medicaid
- ☐ State Plan
- ☑ Other Specify: CSHCS
- ☐ Unknown



Ensuring Data Quality

Skip Patterns

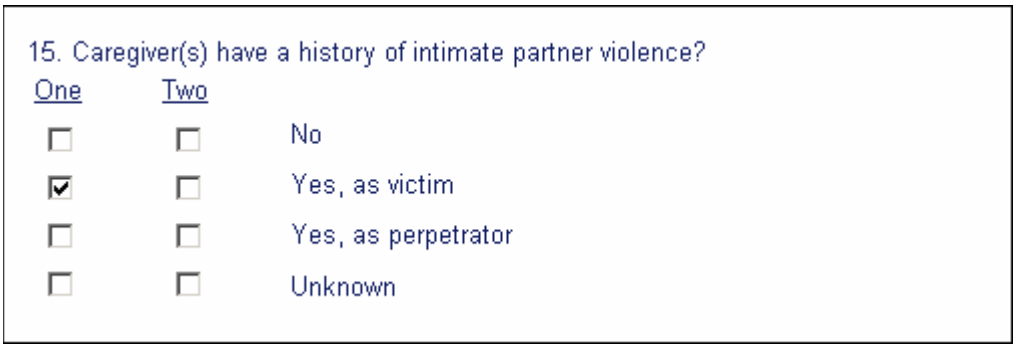
While the paper *Child Death Review Case Report Form* appears daunting, there are on average six pages of questions for each case that are not applicable and do not need to be completed. The skip patterns written into the paper form are translated to the Internet by hiding all of the questions that are skipped according to the answers that are entered. So, you will never see a question on the Internet system that does not apply to the case being entered. Some sections are more complex and require further explanation of how the skip patterns are translated to the Internet system.

In *Section F: Official Manner and Primary Cause of Death*, you are asked to choose only one cause of death. In many cases that have two causes of death, one cause is more likely to contribute information for prevention efforts than the other. For example, in a death where a car went off the road into a pond, the cause of death could potentially be both motor vehicle and drowning. However, information about flotation devices and whether the child could swim could be irrelevant for prevention, but information about the incident that caused the car to end up in the pond could be more relevant.

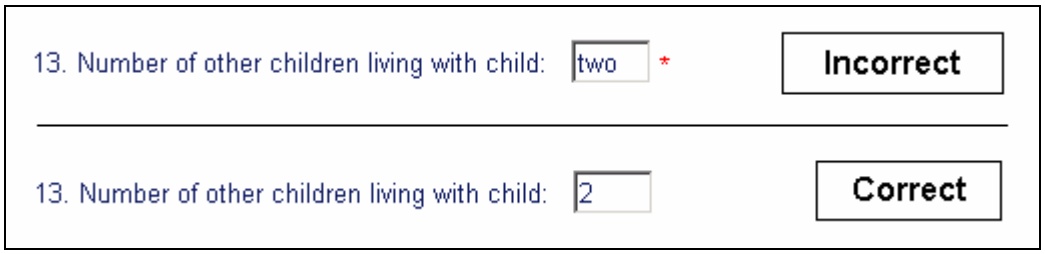
Section G: Detailed Information by Cause of Death is dependent on the primary cause of death selected in *Section F*. If the primary cause of death is "Drowning", then only the questions from *G3: Drowning* on the paper form are available when the *Section G* page loads. In turn, if the primary cause of death is "Cancer", then only the questions from *G11: Medical Condition* on the paper form are available when the *Section G* page loads. There are a few special conditions in death to infants where you are asked to fill out more than one section. In these cases, the Internet system will automatically load both sections you need.

Question Validation

Certain questions will simply not allow you to enter a response that would lead to conflicting answers in the data. The most common examples of this are *check all that apply* questions or *fill in the blank* questions with an "Unknown" checkbox. In the following example, it would not make sense to answer both "Yes, as victim" and "Unknown". Therefore, if you have already answered "Yes, as victim" and then click on "Unknown", your first response in "Yes, as victim" will be cleared and "Unknown" will stay checked.



When a question asks for a number, there is a check to make sure you entered a numeric response, rather than text. There is also a check to be sure that dates are entered in a "mm/dd/yyyy" format. In the following example, immediately after an invalid answer is entered, a red asterisk will appear next to the box. This red asterisk indicates that the answer is not valid and should be corrected.



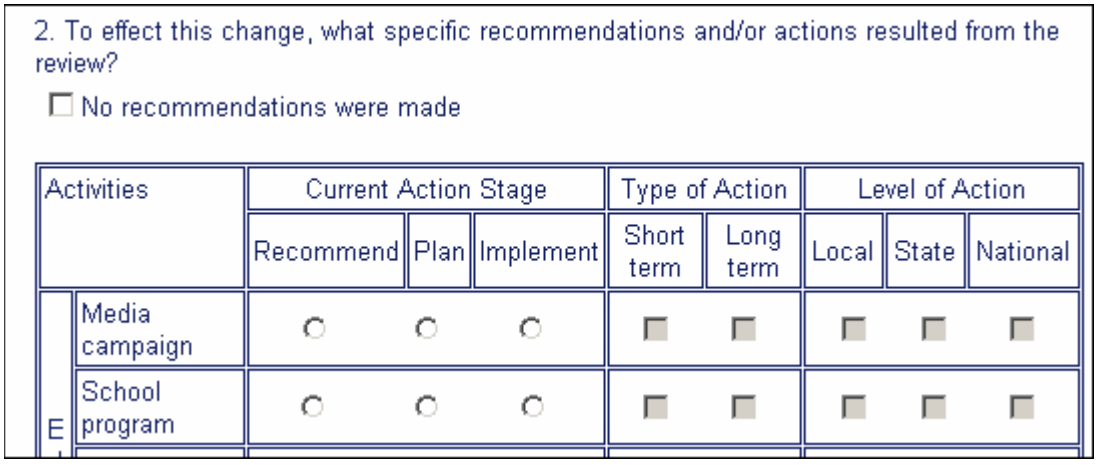
When you save a page, you will receive an error message at the top of the page if there are invalid responses that need to be addressed. No changes to a page will be saved if there is even a single error message returned. The Internet system cannot submit the correct answers while holding back the incorrect one. It is an all or nothing process. Therefore, if you receive an error message, you will not be allowed to leave the page until you have addressed all of the issues in the message. No data will be lost as long as you address the errors and save the page using either "Save and Continue" or the navigation menu.

Making Changes to Data Entered

Changes can be made to any question in both the *Enter a New Case* mode and the *Edit an Existing Case* mode (to be discussed in Section 4). As previously mentioned, data is saved as you move from page to page. If you return to a page that you have completed, you can change an answer you had previously saved. On your next page save, these changes will be saved with the new answer. Any previous answers to that question, including previous answers in follow-up questions, will be deleted. There is one exception to this rule: due to an issue with Web programming, you will not be able to de-select a radial button. Please contact the National Center if you need to de-select a radial button.

If you have made changes to a page prior to saving it and have made a mistake that you wish to undo, you can use the "Undo Changes" hyperlink located at the bottom, left corner of every data entry page. Unlike the familiar undo function in Windows that will undo the last single change, clicking on this hyperlink will remove all changes made to the current page since the last save. Data that was previously saved remains unchanged.

There is one place where you can undo changes to a single question. Since question 4 in *Section K: Prevention Initiatives Resulting from Review* is so complex, there is a quick way to reset it without using the "No recommendations were made" checkbox at the beginning.

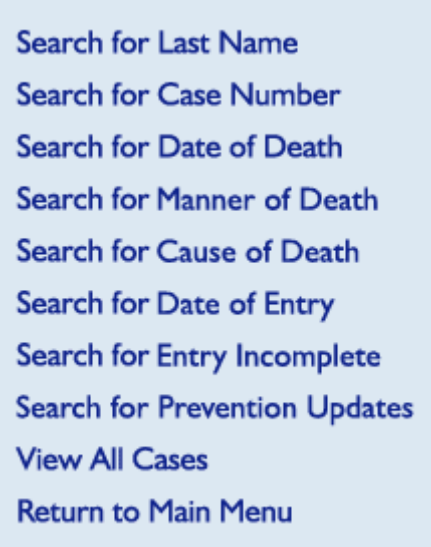

2. To effect this change, what specific recommendations and/or actions resulted from the review?

☐ No recommendations were made

Activities		Current Action Stage			Type of Action		Level of Action		
		Recommend	Plan	Implement	Short term	Long term	Local	State	National
E	Media campaign	○	○	○	☐	☐	☐	☐	☐
	School program	○	○	○	☐	☐	☐	☐	☐

Section 4 – Search for an Existing Case

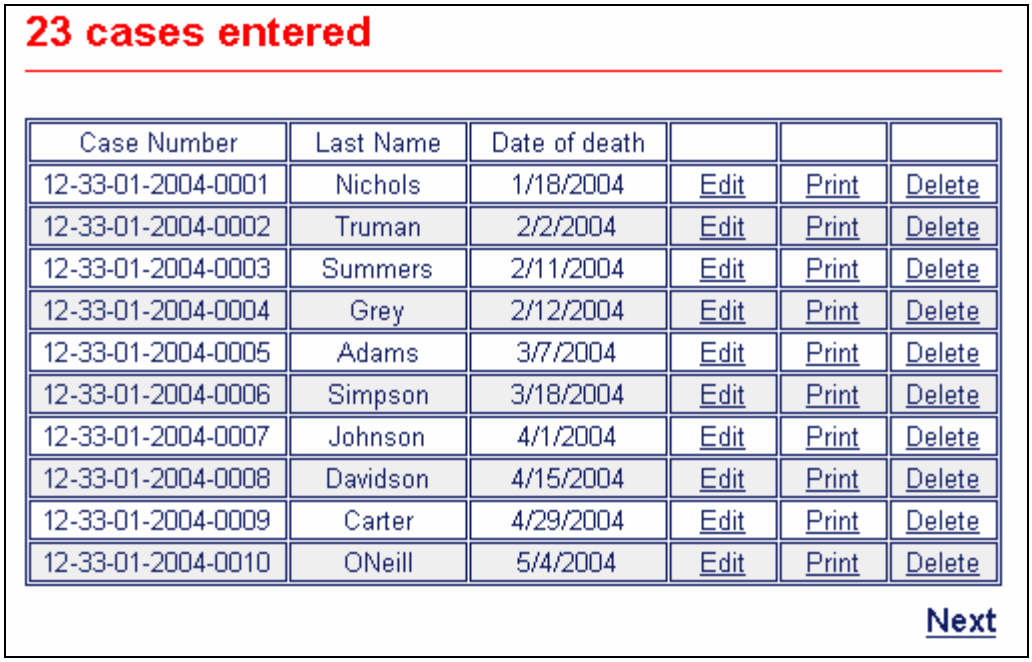
Clicking on the "Search for an Existing Case" option from the Welcome Page gives you the ability to search for cases already entered into the Internet *Child Death Review Case Reporting System*. Depending on your permissions, you may or may not be able to access this section.


Search for Last Name
Search for Case Number
Search for Date of Death
Search for Manner of Death
Search for Cause of Death
Search for Date of Entry
Search for Entry Incomplete
Search for Prevention Updates
View All Cases
Return to Main Menu

How to Search for a Case

The navigation menu on the left has changed for use in the Search Section. When the Search Page first opens, it defaults to "View All Cases." Under this search option, all of the cases that you have entered into the system are listed, and are sorted in ascending order by case number. The total number of cases that have been entered is listed at the top of the View All Cases Page, regardless of how many cases are displayed on the current page.

If there are a large number of cases returned in a search, the Internet system will split the list of cases into multiple pages. "Next" and "Previous" hyperlinks will become available at the bottom of the page to move through the multiple pages. The number of cases that can be displayed on a page is different for everyone, and will be dependent on your screen resolution and monitor size.


23 cases entered
Case Number
Last Name
Date of death
12-33-01-2004-0001 Nichols 1/18/2004 Edit Print Delete
12-33-01-2004-0002 Truman 2/2/2004 Edit Print Delete
12-33-01-2004-0003 Summers 2/11/2004 Edit Print Delete
12-33-01-2004-0004 Grey 2/12/2004 Edit Print Delete
12-33-01-2004-0005 Adams 3/7/2004 Edit Print Delete
12-33-01-2004-0006 Simpson 3/18/2004 Edit Print Delete
12-33-01-2004-0007 Johnson 4/1/2004 Edit Print Delete
12-33-01-2004-0008 Davidson 4/15/2004 Edit Print Delete
12-33-01-2004-0009 Carter 4/29/2004 Edit Print Delete
12-33-01-2004-0010 ONeill 5/4/2004 Edit Print Delete
Next

You can conduct searches using the navigation menu on the left. There are several different parameter searches: by child's last name, by case number, by date of death, by manner of death, by cause of death, by date of entry, by incomplete entry, or by prevention updates. You also have the option to return to the default "View All Cases" search at any time.

The cases returned in a search are specific to your permissions. If you are a local-level user, then you will only have access to the cases for your local team. If you are a state-level user with the ability to search cases, then you will only have access to the cases for your state. You will never see a case that you are not authorized to see, nor will anyone else see your cases if they are not authorized to do so.

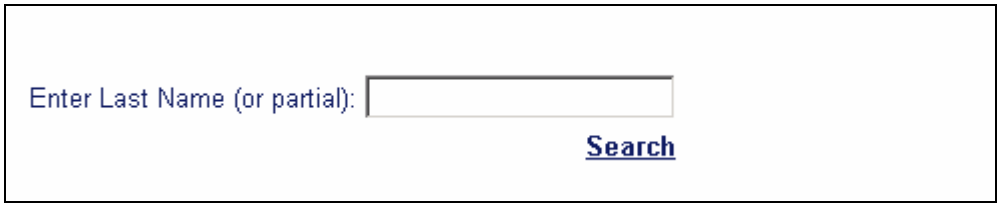
Once the cases are returned in a search, you can sort on case number, last name, or date of death by selecting on the appropriate column. An up arrow will sort the cases in an ascending order; a down arrow will sort the cases in a descending manner.

Search for Last Name

You can search for cases by the child's last name. Some examples of useful searches include:

- Enter "Sm" and it will return all cases with a last name beginning in "Sm".
- Enter "Smith" to list all cases with a last name of "Smith". This will also pick up cases where the last name begins with "Smith" such as "Smithson".

Cases returned by this search will be sorted alphabetically by last name.

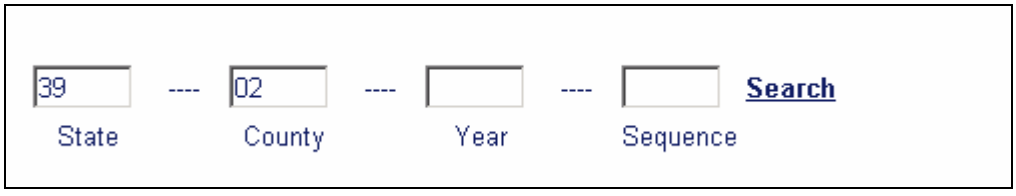


Search for Case Number

This search feature is more flexible than the ability to search for an exact case number.

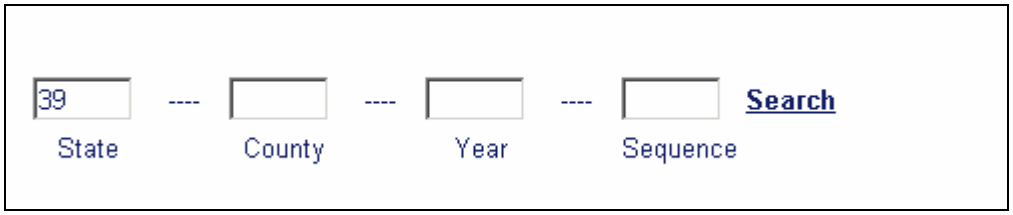
If you are a local-level user, then you will be able to enter values for the year of review or sequence of review as your search parameters. Some examples of useful searches include:

- Enter both year of review and sequence of review to locate a particular case.
- Enter the year of review to list all cases in a review year.



If you are a state-level user with the ability to search cases, then you will be able to enter values for county (if applicable), team (if applicable), the year of review, or sequence of review as your search parameters. Some examples of useful searches include:

- Enter all fields to locate a particular case.
- Enter the county to list all cases for that county.
- Enter the year of review to list all cases in a review year.
- Enter the county and year of review to list all cases for that county in a review year.

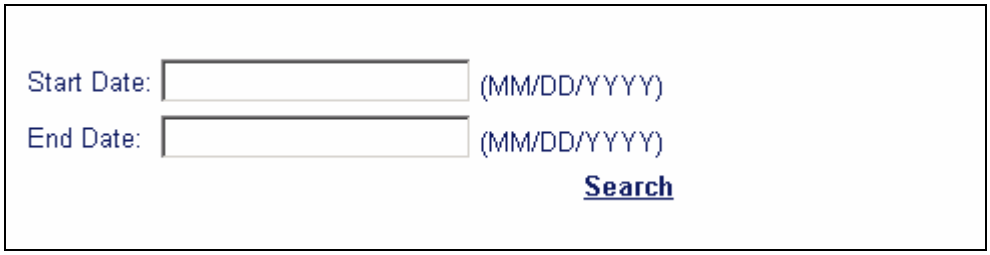


Search for Date of Death

You can search for all cases where the date of death occurred in a particular time period. Some examples of useful searches include:

- Enter "01/01/2005" in the start date and "12/31/2005" in the end date to list all deaths that occurred in 2005.
- Enter the same date in both fields to list all deaths that occurred on a particular day.
- Enter just the start date to list all cases that occurred on that date and after.
- Enter just the end date to list all cases that occurred on that date and before.

Cases returned by this search will be sorted chronologically by date of death, starting with the earliest date.



Search for Manner of Death

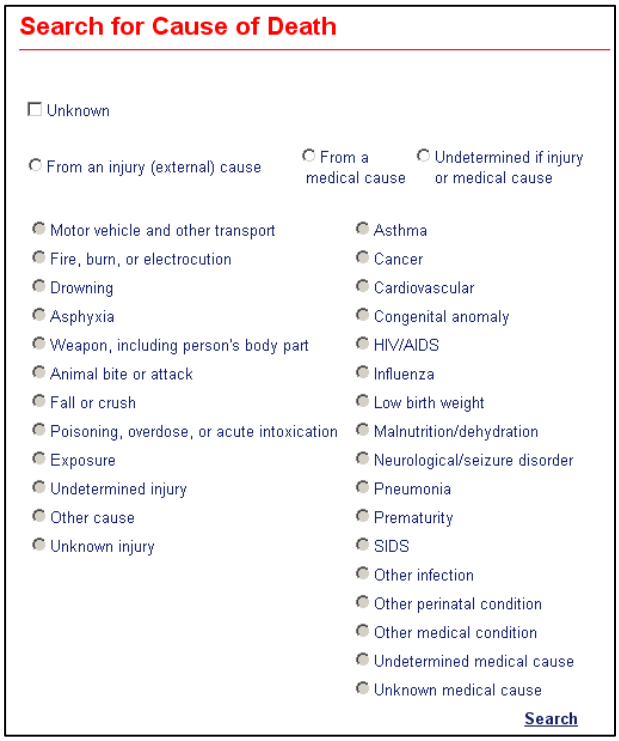
You can search for cases by the manner of death. Only one selection may be made at a time. This search parameter will also return those cases where manner of death was not answered. Some examples of useful searches include:

- By selecting "unknown," cases will be returned where the manner of death was listed as "unknown" or left blank.

Search for Cause of Death

You can search for cases by the cause of death but can only search for one cause of death at a time. Some examples of useful searches include:

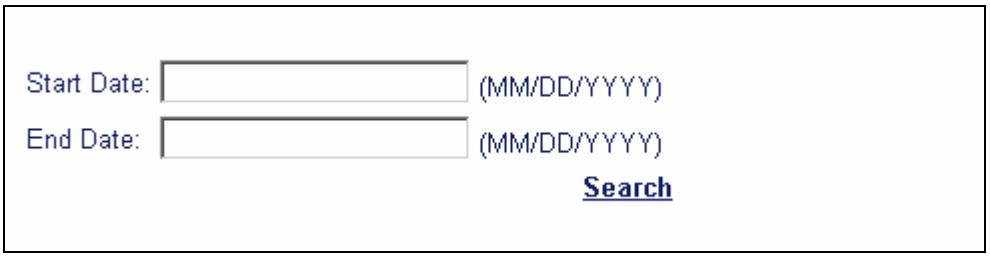
- Select the "Unknown" checkbox to return all cases where the cause of death was listed as "unknown" or left blank.
- Select "From an injury (external) cause" to return all cases where the cause of death was listed from an injury (external) cause.
- Select "From a medical cause" to return all cases where the cause of death resulted from a medical cause.
- Select a specific type of injury or medical cause to return cases due to that particular cause.
- Select "Undetermined if injury or medical cause" to return all cases where the cause of death was not classified as an injury or medical cause.



Search for Date of Entry

You can search for all cases by the date entered in the field "Date Completed" (Section N of the form). Cases that do not have this date completed will not be included in the search results. Some examples of useful searches include:

- Enter "01/01/2005" in the start date and "12/31/2005" in the end date to list all deaths that were entered in 2005.
- Enter the same date in both fields to list all deaths that were entered on a particular day.
- Enter just the start date to list all cases that were entered on that date and after.
- Enter just the end date to list all cases that were entered on that date and before.



Search for Data Entry Incomplete

This search retrieves all cases that do not have the check box selected in "Data Entry Completed" in *Section N, Form Completed By*.

Search for Prevention Updates

This search retrieves all cases that have the check box selected in "Mark this case to edit/add prevention actions at a later date" in *Section K, Prevention Initiatives Resulting from the Review*.

Case Actions

After you have located the case that you are searching for, you have three action options that you can perform: edit, print, and delete. Be sure to click on the hyperlink of the action in the same row as the case that you are interested in. The example below illustrates that the edit action will be selected for the first case.

Case Number	Last Name	Date of death			
23-33-01-2004-0001	Nichols	1/18/2004	Edit	Print	Delete
23-33-01-2004-0002	Truman	2/2/2004	Edit	Print	Delete
23-33-01-2004-0003	Summers	2/11/2004	Edit	Print	Delete

Edit Case

Edit is useful if you have started a case under *Enter a New Case*, but need to finish it or add more information at a later time. By clicking "Edit", you will open the selected case in the same data entry pages used for *Enter a New Case*, but the information you have previously saved for that case will be there. If you need more information about the data entry pages, please refer to Section 3 of this manual.

Print Case

Clicking "Print" opens a new window where the entire paper *Child Death Review Report Form* is duplicated for printing. All the information that you have saved for that case is filled in. Due to space constraints, some of the "Specify" information may be truncated for printing, but all of the information you entered has been saved.

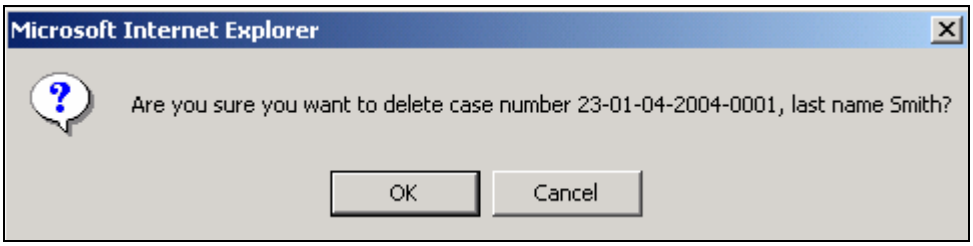
You will need to have Adobe Acrobat Reader or Adobe Acrobat Professional to use Print Case. After the Print Case opens in Adobe Acrobat, you can either print the case or save it to your computer or server. If you do not have Adobe Acrobat, then you can use the "Get Adobe Reader" hyperlink in the Help Section to download a free copy of Adobe Acrobat Reader. Please check with your technology staff before downloading and installing any new software.

You also have the ability to print individual sections of a case. Select "Print This Section" from the navigation menu on the left side of the screen to print out only the section that is currently open for entry or editing.

Important! If you have an Internet pop-up blocker installed, you will need to turn it off in order for Print Case to work properly.

Delete Case

Clicking "Delete" will remove an existing case from the system. A window will open asking if you are sure that you want to delete the selected case. If you wish to proceed with deleting the case, then click on "OK". If you wish to keep the case intact, then click on "Cancel". **Any cases deleted from the system cannot be retrieved, so please use this action with care.**



Section 5 – Create Standardized Reports

Clicking on the "Create Standardized Reports" option from the Welcome Page gives you the ability to run pre-defined aggregate reports for the Internet *Child Death Review Case Reporting System*. Depending on your permission level, set by your State Administrator, you may or may not be able to generate local-level reports or state-level reports.

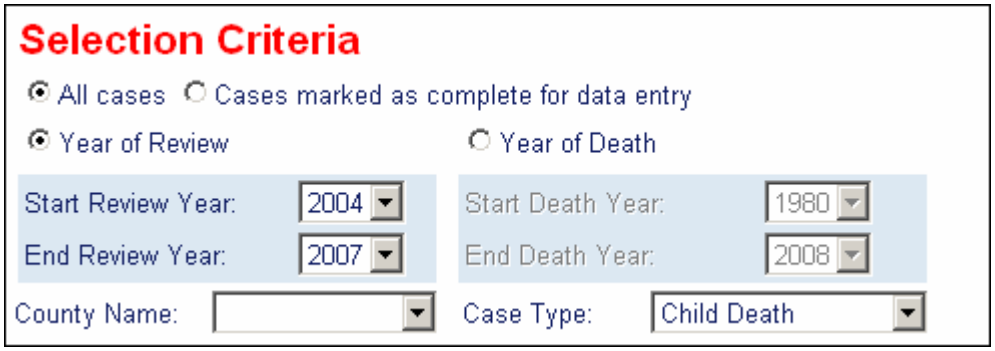
How to Generate a Report

The main Reports Page contains the selection criteria for the reports and the menu list of the reports that you can run, grouped into similar types of information.

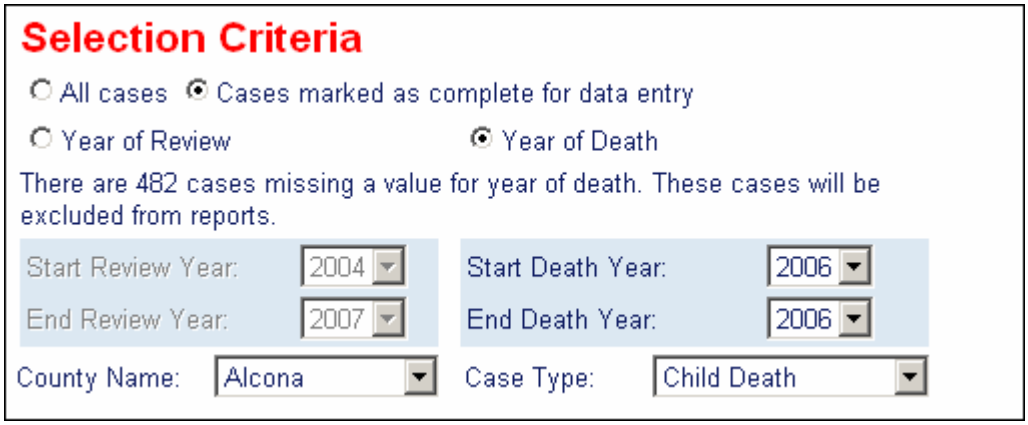
Selection Criteria

The standardized reports are generated by the year of case review or by year of death. The standardized reports also have the ability to filter cases based upon whether the cases have been marked complete for data entry (This is the check box "Data Entry Completed For This Case" in Section N of the report). If you would like to run a report for all cases reviewed between 2004 and 2007, select 2004 for the start review year in the drop down box and 2007 for the end review year in the drop down box (see first example below). If you would like to run a report that included all cases where the year of death was 2006, select 2006 for the start death year and 2006 for end death year (see second example below). You must select either "All Cases" or "Cases marked complete for data entry." Likewise, you must select either "Year of Review" or "Year of Death" in the selection criteria. If you select "Year of Death" as your selection criteria, the reports will automatically exclude those cases that do not have a year of death entered into the data tool. A statement will appear that advises you of the number of cases with missing year of death information.

You can select the case type that you would like included in your reports. This is the question found on the *Case Definition* data entry page with the options of "child death", "child near death event", or "not born alive". The selection criterion also has the option to view "all cases".

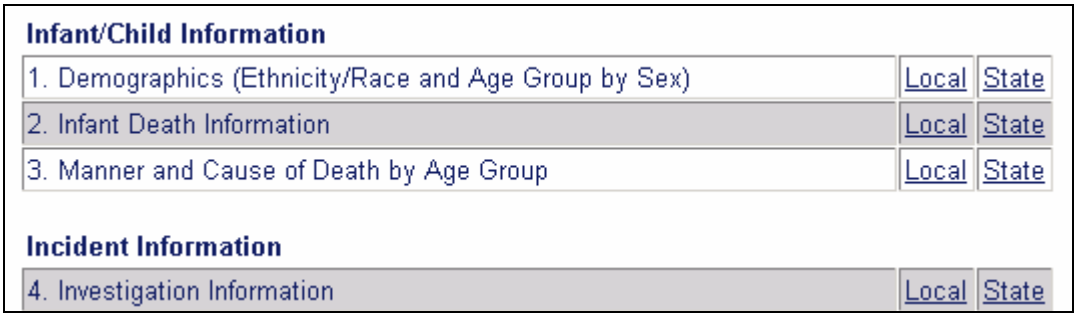


If you are a state-level user, you have an additional control in the selection criteria to run reports by individual counties/teams in your state. Leaving this control blank is equivalent to running a state report.



Report Generation

After you have verified the selection criteria for your reports, find the report you wish to run in the list below. Click on the 'Local' or 'State' hyperlink in order to generate a local-level or state-level report. Be sure to click on the hyperlink in the same row as the report that you are interested in. Depending on the complexity of the report, it may take up to a minute to generate so please be patient.



The report opens in a new window, so we recommend that you modify any pop-up blocker software to always allow pop-ups from our site (https://www.cdrdata.org). If the new report window is still not visible, check the Windows Task Bar at the very bottom of your screen to see if one of the open programs is the report.

The Report View Window

When the Report View window opens, it may only be displaying the first pre-defined report page. Many of the reports are multiple pages. You can determine the report length from the toolbar at the top of the Report View window. The example below shows that

you are on page 1 of 3. The four arrows to the left of page number are your tools to navigate through the report pages. From left to right, the arrows are: first page, previous page, next page, and last page.

Every report has a header that displays information about the report generated, including: the report title; the start and end review year or start and end death year selected in the criteria; your state and if it's a local-level report, your local team or the county/team selected in the criteria; the case type selected in the criteria; and whether or not the cases have been completed for data entry.

Demographics (Ethnicity/Race and Age Group by Sex)
Death Year Range: 2006 to 2006
Michigan/Alcona
Child Deaths Reviewed
Cases marked as complete for data entry

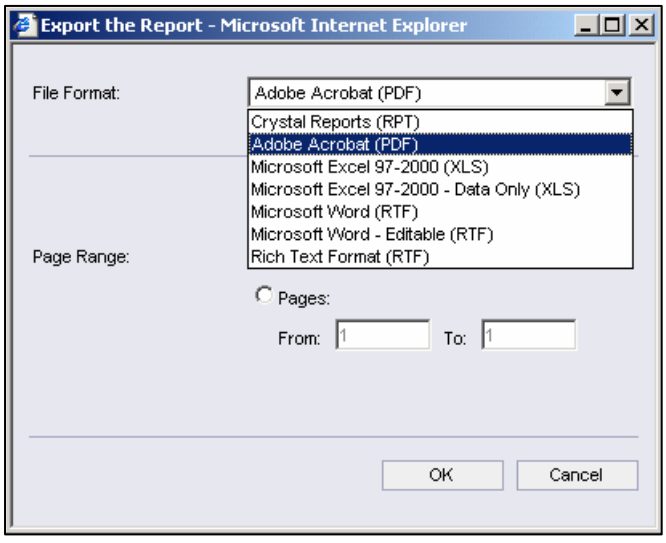
Many reports also have a footer on the last page that provides more information about the data displayed in the body of the report.

Other functions on the toolbar are explained below. While it is possible to print the Report View window through Internet Explorer, we recommend that you use the Export or Print function to get it into an Adobe format first. If you do not have Adobe Acrobat, then you can download a free copy of Adobe Acrobat Reader at www.adobe.com. Please check with your technology staff before downloading and installing any new software.

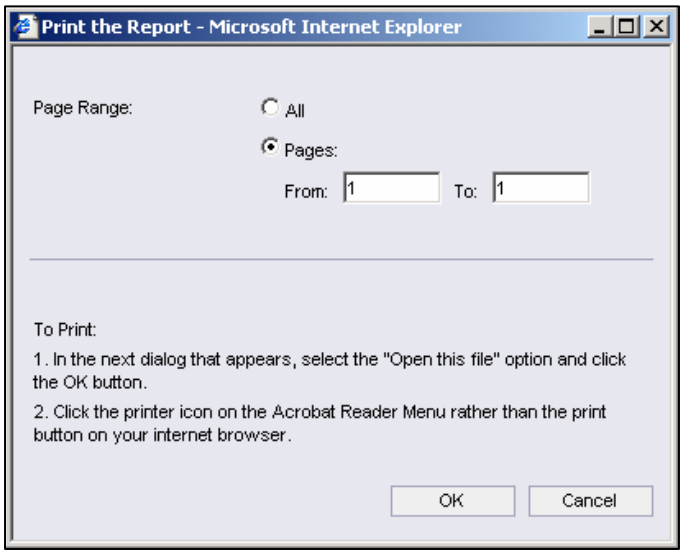
Save a Report

The first button on the Report View window toolbar is Save/Export.

This will launch a new Export window in which you can select the format that you would like the report to be saved. We recommend selecting Adobe Acrobat (PDF) and clicking 'OK'. The Export window defaults to include all pages in the report. Adobe will automatically launch with the complete report. In Adobe, you can either save the report to your desktop or print it.



Print a Report


Print the Report - Microsoft Internet Explorer
Page Range:
All
Pages:
From: 1
To: 1
To Print:
1. In the next dialog that appears, select the "Open this file" option and click the OK button.
2. Click the printer icon on the Acrobat Reader Menu rather than the print button on your internet browser.
OK
Cancel

The second button on the Report View window toolbar is Print.

This will launch a new Print window. The Print window defaults to print just the first page. We recommend that you select "All" for the page range and click 'OK'. As stated at the bottom of the Print window you may see another window in which you should select 'Open this file' and click 'OK'. Adobe will automatically launch with the complete report. In Adobe, you can either print the report or save it to your desktop.

Section 6 – Download Your Data

Clicking on the "Download Your Data" option from the Welcome Page gives you the ability to download all of the cases you have entered into the Internet *Child Death Review Case Reporting System*. Depending on your permission level, set by your State Administrator, you may or may not be able to access this section.

Local-level users will only be able to download data for their county and/or team. State-level users will be able to download data for all teams in their state. Some states have legal restrictions on viewing case identifiers. For these states and for the National Center for Child Death Review, the downloads will not include the following HIPAA identifiable information:

- County and/or team of review
- Child's name
- Date of birth
- Date of death (only month and day of death removed)
- Residential address (street, apartment, city, county and zip)
- Birth certificate number
- Death certificate number
- Date and time of incident
- Incident county
- Narrative
- Form completed by

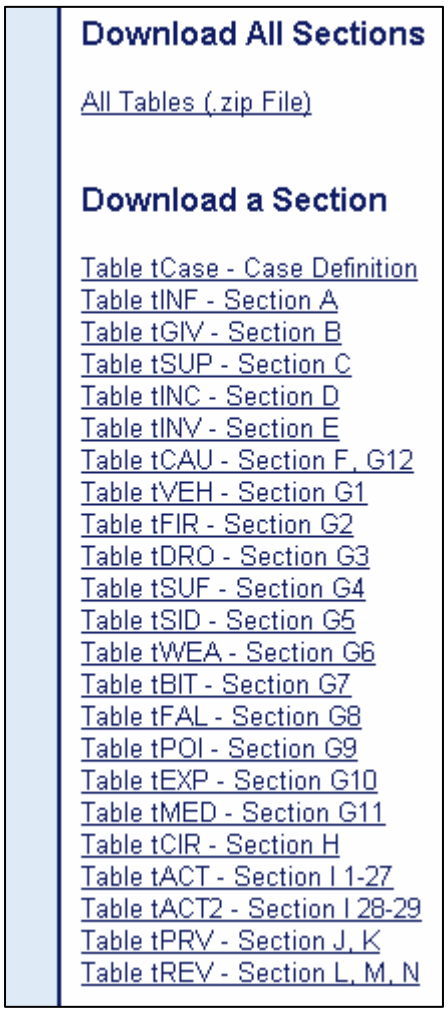
Important! While the above list of variables are removed from the National Center's view, users are also cautioned to avoid entering identifying information in "specify" boxes for other questions. This would primarily include names and county identifiers that could be used to recognize your team or the case. For example, when referring to local law enforcement use "county sheriff" rather than "Columbia County sheriff". Answers that identify the state are fine because the National Center already has access to that information.

Downloading Data

When you download data from the *Child Death Review Case Reporting System* it is a "snapshot" of the all the data you have entered up until that point in time. Any corrections/changes made to the downloaded files will not be reflected in the Internet system. You will need to login and make corrections/changes directly to the data entry pages for updates to be saved.

If you want to track when you downloaded the data or you have made multiple downloads, it is helpful to store all of the files from a single download in a folder with the date in the title.

Due to the confidential nature of the data, the National Center for Child Death Review recommends that all data downloaded from the Internet *Child Death Review Case Reporting System* is stored in a folder on your computer or server that has restricted access, so that only authorized personnel can view or use it. Adequate firewall protection of computers used to download and/or enter data is also recommended.


Download All Sections
All Tables (.zip File)
Download a Section
Table tCase - Case Definition
Table tINF - Section A
Table tGIV - Section B
Table tSUP - Section C
Table tINC - Section D
Table tINV - Section E
Table tCAU - Section F, G12
Table tVEH - Section G1
Table tFIR - Section G2
Table tDRO - Section G3
Table tSUF - Section G4
Table tSID - Section G5
Table tWEA - Section G6
Table tBIT - Section G7
Table tFAL - Section G8
Table tPOI - Section G9
Table tEXP - Section G10
Table tMED - Section G11
Table tCIR - Section H
Table tACT - Section I 1-27
Table tACT2 - Section I 28-29
Table tPRV - Section J, K
Table tREV - Section L, M, N

Download All Sections

At the top of the page is a hyperlink to download all of the tables at one time. Save this file to a secure folder on your computer or server. This download is in a .zip format and you will need some kind of unzip utility to extract the files to make each table available for your use.

Common extraction utilities include WinZip and PKZip. A free unzip utility can be downloaded from **www.quickzip.org**. Please check with your technology staff before downloading and installing any new software.

Download a Section

If you do not have an unzip utility, you will need to download each table individually. This is also useful if you wish to download a table after making an alteration to a single page of data. Simply click on the hyperlink for the table you want to download and save the file to a secure folder on your computer or server.

Working with the Download

Each page (Sections A-N) is a separate table in the database. A table is simply a container that stores the information you have entered for that section. Some tables (tCAU, tPRV and tREV) hold data from more than one page. One table (tACT) is so large that it needed to be split into two tables for the download.

Data from the same case will have the same number in the *id* variable across tables. This is the "key" you will use to link all data from a single case together. A few variables (death certificate, birth certificate, apartment number and zip code) are downloaded with

a leading quotation mark to make sure that the analysis program you use will recognize them as text variables instead of numeric.

Three variables have been added to the table INF to make data analysis more straightforward on child's age, birth weight and weight at death. The variable INFageinf (Age - Infant) has been added to data download to more easily identify children under the age of one. The child's birth weight and weight at death are also automatically converted to grams in data download (INFbirthgrams and INFweightgrams). Please note that these new variables are not replacing the original information entered into the data tool by you. For example, if child's birth weight was entered as 9 pounds and 4 ounces, the information is still stored as 9 pounds in the field INFbirthwt and 4 ounces in the field INFbirthwtounc.

Detailed data analysis on the demographics of Caregiver, Supervisor and Person Responsible in data download may require linking multiple tables if the same individual is listed in more than one section (i.e., Supervisor was also Caregiver). For example, you will need to link by "id" the tables GIV and SUP to download all demographic information about Supervisors. (If the Supervisor was also the primary Caregiver, then the demographic data about the individual is stored in the table GIV (Caregiver) and not table SUP (Supervisor).) Detailed analysis of the Date of Incident may also require linking multiple tables. If you check the box indicating "Date of Incident is the Same as Date of Death" (INCdatesame = 1 / Yes), the date of the incident is held in the table INF (INFdodyear, INFdodmnth, INFdodday) rather than in the INC table (INCdateyear, INCdatemth, INCdateday). Please contact the National Center if you need assistance with data download and linking tables.

There are two tools provided under the Internet *Child Death Review Case Reporting System* Help page, in the "Supporting Documents" section.

Data Codebook for Download

This document provides the information needed to understand the data in the downloaded tables, including the variable names for the questions and the values for the answers.

Macro to Import Data into Microsoft Access

This Access database file will open to a screen asking where you have saved the downloaded tables. Click on the "Select Folder" button to open a window where you can browse for the folder in which your Data Download files are located. Click "OK" when you have highlighted the folder. Access will then proceed to import all 23 downloaded tables into that database. A message will tell you if all of the tables were successfully imported. If there is an error, a message will tell you which file it had problems importing. Please contact the National Center to report any problems with importing or downloading data. Access will also remove all of the leading quotation marks from death certificate, birth certificate, apartment number and zip code.

Section 7 – Help

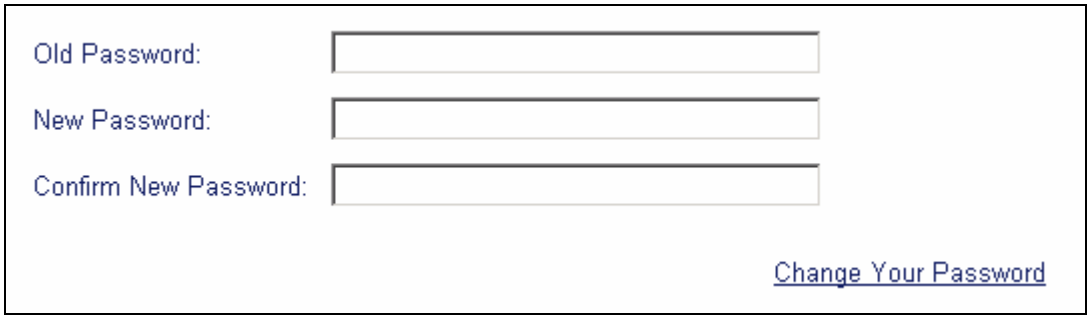
Clicking on the "Help" option from the Welcome Page gives you the ability to change your password or edit your contact information, and gives you access to various supporting documents for the Internet *Child Death Review Case Reporting System*.

If you have any questions or need to report any problems, contact information for the National Center for Child Death Review is listed at the top of this page. The National Center is open Monday through Friday from 8am to 5pm EST, and can be reached at 1-800-656-2434. Email sent to info@childdeathreview.org will receive a response within 24 business hours.

Change Your Password

We do not require you to change your password every six weeks, nor do we require that your password include numbers or symbols. However, we do encourage you to follow these practices, as they are commonly accepted security recommendations.

To change your password, you will be asked to enter your old password and to enter your new password twice (to avoid accidental spelling errors or typos). Passwords are case sensitive, so be sure to watch when you use uppercase and lowercase letters. Remember to click on the "Change Your Password" hyperlink to save your new password.



No one else will be able to view your password. If you forget your password, then you will need to contact your State Administrator or the National Center to have your password reset to a default. We recommend that you use the Change Password Utility to set this default to a secure password that is known only by you.

Edit Your Contact Information

Your State Administrator has the ability to download the contact information for all of the users in your state. The National Center can download the contact information for all of the users of the Internet system. This information will be used for mass mailings to keep you apprised of system updates and other important information, or to contact you directly if you report a problem. Your information will not be used by the National Center for any other purposes. Please keep this information current.

This utility will list all of the contact information that is on file for you. If something is incorrect or missing, make a change to that field and click on the "Save Changes" hyperlink.

Supporting Documents

There are several documents that have been made available to aid you in child death review or to help you use the case report form and the Internet system. These documents are in .pdf format and can be opened and printed using Adobe Acrobat Reader or Adobe Acrobat Professional. If you do not have Adobe Acrobat, then you can use the "Get Adobe Reader" hyperlink at the bottom of the Supporting Documents Section to download a free copy of Adobe Acrobat Reader. Please check with your technology staff before downloading and installing any new software.

Child Death Review Program Manual: This is a guide for local and state team members on how to implement and maintain a Child Death Review program. We recommend the use of a color printer for printing.

Guides for Effective Child Death Reviews: A tool for review teams that presents guidelines on reviewing different causes of death. Information includes type of records to bring to the meeting, risk factors, and suggested services and prevention activities.

Child Death Review Case Report Form: This is a copy of the paper *Child Death Review Report Form*. We recommend the use of a color printer for printing.

Internet Database User Manual: A copy of this document. We recommend the use of a color printer for printing.

Internet Database Error Report Form: This is a faxable form for reporting errors encountered with the Internet system. When reporting errors, please be sure to describe in detail what you were doing when the error occurred. This information is important for staff to be able to replicate, diagnose, and correct the problem.

Data Dictionary: This is the document that provides more information about the definition of individual questions. There are two options for viewing this document: as a .pdf file that can be printed, or as an HTML document. The HTML document is the one that is accessible from the top and bottom of every data entry page (see example hyperlink below).

Data Codebook for Download: This document provides the information needed to understand the data in the downloaded tables, including the variable names for the questions and the values for the answers.

Macro to Import Data into Microsoft Access: This Access database has been designed for you to be able to import all of the downloaded data tables from the *Child Death Review Case Reporting System*.

NATIONAL CENTER FOR CHILD DEATH REVIEW

KEEPING KIDS ALIVE

Understanding How and Why Children Die & Taking Actions to Prevent Child Deaths

Child Death Review Case Reporting System

Data Dictionary

Version 2.0

©January 1, 2008

National Center for Child Death Review

The data dictionary can help you complete the *Child Death Review Case Report*. The dictionary provides a definition for terms/data elements used in the report and examples for terms that may seem ambiguous or unfamiliar. Whenever possible, this dictionary uses the same definitions found in nationally accepted health surveillance systems.

Table of Contents

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Case Number / Case Definition

The first data entry page that appears on your screen is the Case Definition Page, which corresponds to the "Case Number" section of the paper form. This is where you create the unique identifier for the case you are entering. The paper form allows for five levels of information to define a case: State, County, Team Number, Year of Review, and Sequence of Review. However, depending on the profile that your state has established with the National Center, you may not see all of these options.

State
This identifier is automatically filled in for you, and you cannot edit this field. Every state has a unique identifier.

County
States that have county-level teams will have this identifier. Local-level users will have this identifier filled in automatically, and will not be able to edit this field. State-level users will be able to select from among the counties in their state to fill in this field.

Team Number
States that have regional teams that encompass multiple counties or that have multiple teams within a county will have this identifier. Local-level users will have this identifier filled in automatically, and will not be able to edit this field. State-level users will be able to enter a team number from their state into this field.

Year of Review
This identifier is automatically filled in to the current year. You can edit this field in order to enter cases from past years.

Sequence of Review
This identifier is automatically filled in to the next highest sequence number for the current year. For example, if the last sequence number you entered in the current year was "00021" then the next new case you enter will come up as sequence "00022", regardless of whether sequences "00019" or "00020" exist. You can edit this field to any sequence number. Number must be numeric only – no letters or characters allowed.

Death Certificate #
Death certificate number as stated on death certificate.

Birth Certificate #
Birth certificate number as stated on birth certificate.

Section A. Child Information

A1: Child's name
Legal name of child as stated on death certificate. Some reporting sites may find that an individual data source will require that unique identifiers such as name or social security number be stored in hard copy only, not in the electronic database. If this is the case, it is acceptable to leave these fields blank.

A2: Date of birth
Date of child's birth as stated on birth or death certificate.

A3: Date of death
Exact date of child's death as stated on death certificate. Exact date of death is sometimes unknown, as in an unwitnessed suicide or homicide. If this is the case, select unknown.

A4: Age
Numerical age of child as stated on death certificate. In some cases, the child's exact age will not be known. If age is provided within a five-year age range or less, choose the midpoint of the range; round to the lower year if the midpoint calculation results in a half year. If an age range of greater than five years is provided, leave this field blank.

- *Years, Months, Days, Hours, Minutes, U/K:* Type of unit used to report child's numerical age as stated on death certificate.

A5: Race
Race of child as stated on death certificate. These categories were issued by the Office of Management and Budget in order to promote comparability of data among federal data systems. The standards for 1997 have five racial groups: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or other Pacific Islander and White. For the CDR Case Reporting System, American Indian, Alaskan Native, Native Hawaiian and Pacific Islander each have their own category.

A6: Hispanic or Latino origin?
This question refers to the child's ethnicity. Ethnicity is usually listed on the death certificate. Ethnicity is used to differentiate population groups on the basis of shared cultural characteristics or geographic origins.

A7: Sex
Sex of child as stated on death certificate.

A8: Residence address
Residential address of child as stated on death certificate. If a person is currently residing in a short-term facility for less than six months, use his or her home address as their residential address. If a person is residing in a long-term facility for over six months, such as a college dormitory, prison or residential nursing home, use the institution's address. If they are living in a short-term facility and no residential address is noted, use the address of the short-term facility.

If child was not a resident of the United States, select 'Out of Country' in the drop drown list of states and enter the country of residence in the text box.

Some reporting sites may find that an individual data source will require that unique identifiers, such as a specific street address, be stored in hard copy only, not in the electronic database. If this is the case, leave this field blank.

A9: Type of residence
Place where child lived a majority of the time.

A10: New residence in past 30 days?
Child's place of residence (stated in A9) was new to child within last 30 days preceding death.

A11: Was the residence overcrowded?
This is a subjective determination to be made by the team based on the number of rooms and the number of persons living in the residence. The answer to this question may indicate a risk factor for specific causes of deaths, including fires, suffocation and violence-related deaths.

A12: Child ever homeless?
Homeless is defined as having no fixed address and living in a shelter, on the street, in a car or in makeshift quarters in an outdoor setting. A person who has no home of their own but is staying indefinitely with friends or family is not considered homeless here.

A13: Number of other children living with child
Number of other children under 18 (siblings and non-siblings) living in child's household at time of incident.

A14: Child's weight
Child's weight at time of death (in pounds and ounces).

A15: Child's height
Child's height at time of death (in feet and inches).

A16: Highest education level
Select the highest level of education that child completed. If child received a GED, code 'High School graduate' as highest education level. Select N/A for specific circumstances such as a child being too young to attend school or an inability to attend due to severe disabilities.

A17: Child's work status
Indicate if child held a job of any type within the past four weeks. This includes formal jobs for pay or other compensation, informal jobs such as paper delivery, child and lawn care (if done outside one's family setting), volunteer activities for an organized group only (e.g. excluding helping neighbors if not for production), working on the family farm

or ranch if it is production related (e.g. milking a cow on a dairy farm). Employment also includes working in a family business regardless of pay if the work contributes to the profitability of the business. Sporadic jobs should be considered part time employment. Select N/A for specific circumstances such as if the child was an infant or if the child was severely disabled.

A18: Did child have problems in school?

Problems in school include those from a documented history from school, social services, juvenile court or law enforcement records. Code as 'yes' if no documented history exists but the child perceived that he or she was experiencing problems. Problems in school include:

- *Academic*: This category should be selected if a student's academic performance was declining.
- *Truancy*: A chronic failure to attend school.
- *Suspensions*: Includes all suspensions received for any reason.
- *Behavioral*: This is a broad category and can include acting out in class, disobedience, being disruptive, bullying or being bullied.
- *Expulsion*: Refers to the removal of a student from a school for violating rules.
- *Other*: Select this category if the school problem your team has identified doesn't fit into any other category. Please specify the problem in the text field.
- *U/K*: Select unknown if your team was unable to determine the types of problems the child was experiencing with school.

A19: Child's health insurance

Indicate type of health insurance child was covered under at time of incident.

- *None*: Family/child had no medical insurance at time of incident.
- *Private:* Private insurance is defined as family's medical care paid for by private third party payer, such as Blue Cross Blue Shield or under a private HMO or managed care program.
- *Medicaid*: Medicaid is defined as family's medical care paid for by Human Services or other government support, non-managed care or by a managed care program of Human Services or other government support.
- *State plan*: State plan is defined as family's medical care being paid for by any type of state-sponsored plan, except Medicaid.
- *Other, specify*: Family's medical care paid for by any other type of support, excluding self-support.
- *Unknown*: CDR team does not know if the child was insured.

A20: Child had disability or chronic illness?

Child had a disability or chronic illness prior to the time of incident. Chronic implies an impairment or illness that has a substantial long-term effect on the child's day-to-day function or health.

- *Physical*: Physical includes any anatomical loss, physiological disorders, cosmetic impairments and/or diseases. Examples may include paraplegia, cerebral palsy, cystic fibrosis, diabetes, cleft palate or cancer.

- *Mental*: Mental disorders are health conditions characterized by alterations in thinking; mood or behavior (or some combination thereof) associated with distress and/or impaired functioning. They include any psychiatric disability, mental illness or mental retardation. Examples may include depression, bi-polar disorders or Downs Syndrome. This includes cognitive/learning disabilities.
- *Sensory*: Sensory disorders refer to any disability or chronic disease that impairs the senses, including visual, auditory and olfactory. Examples include blindness and deafness.
- *Receiving Children's Special Health Care Needs Services*: Children's Special Health Care Needs Services are provided by states through their Federal Title V Block Grant, and may include medical care, family support services, counseling and special therapeutic services. Each state may name these types of services differently, however if the child is receiving any services paid for through the Title V CSHCS, this question should be coded as yes.

A21: Child's mental health

- *Child had received prior mental health services*: The child had ever received professional treatment for a mental health problem, either near the time of death or in the past.
- *Child was receiving mental health services:* The child was in current treatment (that is, had a current prescription for a psychiatric medication or saw a mental health professional within the past two months). Treatment includes seeing a psychiatrist, psychologist, medical doctor, therapist or other counselor for a mental health or substance abuse problem; receiving a prescription for an antidepressant or other psychiatric medication; or residing in an inpatient or halfway house facility for mental health problems. If the child died of an overdose, the existence of an antidepressant or other psychiatric medication in the child's bloodstream is not sufficient evidence of mental health treatment because the medication may not have belonged to the child.
- *Child was on medications for mental illness:* Specify if the child had an active prescription for psychiatric medication at time of death. They need not have actually been taking the medication.
- *Issues prevented child from receiving mental health services*: Evidence exists in the records to indicate the child experienced barriers to accessing mental health care, applicable only to children noted as having a mental health problem and not being in treatment. Code "yes" if there were obstacles such as lack of insurance coverage, transportation problems or long waiting lists or if it is known that treatment was either recommended by a health professional and/or identified by the family and care was not received. Describe the nature of the barrier in the narrative section.

A22: Child had history of substance abuse?

Child was perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs. If tobacco abuse occurred, it can be coded in the 'Other' category. Code as 'yes' if child was noted as using illegal drugs (such as heroin or cocaine), abusing prescription medications (such as pain relievers or Valium), or

regularly using inhalants (e.g., sniffing gas). If the child is mentioned a using illegal drugs even if addiction or abuse in not specifically mentioned code as 'Yes'.
A child who is noted as participating in a drug or alcohol rehabilitation program or treatment including self-help groups and 12-step program should be coded as "yes" even if the child was noted as being currently clean and sober. A child with short-term experimental use that did not cause life problems and/or addictions should be coded "no".

A problem from the past (e.g. five years or more ago) that has resolved and no longer appears to apply should still be coded "yes". Previously attempting suicide via overdose is not sufficient justification for answering "yes" to this question in the absence of other information.

A23: Child had history of child maltreatment?
Child has history of being the victim or the perpetrator of child maltreatment (child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from autopsy, law enforcement report or medical records. Select 'N/A' if the child was too young to perpetrate child maltreatment. If referrals were made but not substantiated, still select 'Yes' regarding history unless the referral was found to be completely falsified.

If yes, specify type(s) of maltreatment substantiated. If child welfare referral or substantiations are documented, indicate total number of CPS referrals and substantiations. Terminology regarding referrals and substantiations varies by state.

A24: Was there an open CPS case with child at time of death?
A Child Protective Services (CPS) case was currently open with the child that occurred prior to the incident causing the child's death. Code as 'yes' even if abuse or neglect was not substantiated. For example, services were in place such as family preservation/strengthening.

A25: Was child ever placed outside of the home prior to death?
Code as "yes" if child ever had foster parents: whether through the death of the biological parents; through voluntary or forced adoption; or through forced removal from a biological or adoptive home. Foster care includes licensed and relative/kinship foster homes.

A26: Were any siblings placed outside of the home prior to child's death?
If yes, indicate number of child's siblings who had been placed in foster care or adopted before time of incident.

A27: Did child have a history of intimate partner violence?
Child had a documented history of intimate partner violence (IPV) as either victim or perpetrator. Documented refers to evidence from law enforcement, medical or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner. Intimate partners may

be heterosexual or of the same sex. This may also include domestic disturbance complaints to which law enforcement responded.

A28: Child had delinquent or criminal history?
Child had a documented history of delinquent or criminal behaviors or actions. This includes any history with the juvenile justice system or the criminal justice system. If yes, specify type of delinquent or criminal history that is documented. Delinquent behavior may include school disciplinary actions, charges or convictions for misdemeanor offenses. Criminal behavior includes charges or convictions for felony charges.

A29: Child spent time in juvenile detention?
Child had documented history of time spent in a juvenile detention center.

A30: Was child acutely ill in the two weeks prior to death?
Child was reported to have been sick in the two weeks before the death, including an exacerbation of a chronic illness. A reported illness refers to documentation from a school district, a school referral, a pediatrician, emergency room, hospital, first responder, police report or autopsy. Examples include any acute illness such as an upper respiratory infection, strep throat, diarrhea and pneumonia. For a child with a chronic illness but without any acute symptoms in the two weeks prior to death, code as no. Exacerbations of chronic illness may include a severe asthma attack or insulin shock.

A31: Are child's parents first generation immigrants?
The child's parents were born in a country other than the U.S. and were citizens of another country at the time they moved to the United States.

A32: If child over age 12, what was child's gender identity?
Gender identity is what a person considers their gender to be regardless if this gender is different from the sex that was assigned to them at birth. This should only be answered if you have reliable documentation that the adolescent self-reported their gender identity.

A33: If child over age 12, what was child's sexual orientation?
Sexual orientation is the pattern of a person's emotional, physical, sexual attraction and psychological attraction to someone of a particular sex. This should only be answered if you have reliable documentation that the adolescent self-identified their sexual orientation.

- *Heterosexual*: Someone whose predominant physical or sexual attraction is to the opposite sex ("Straight").
- *Gay:* Preferred term for homosexual. Can apply to men and women, mostly men.
- *Lesbian:* Preferred term for homosexual woman. Can only apply to women.
- *Bisexual:* Someone who has a physical or sexual attraction to both sexes.
- *Questioning:* Questioning refers to questions about whether one is gay or a lesbian. Select questioning is the child is experiencing conflict or is confused regarding their sexual orientation.

- *Unknown:* Select unknown if the team was not able to determine the child's sexual orientation given the information available.

A34: Gestational age
If under one year, gestational age in weeks as stated on birth certificate.

A35: Birth weight
If under one year, birth weight in grams OR pounds and ounces as stated on birth certificate.

A36: Multiple birth?
Pregnancy with more than one fetus at conception as stated on birth certificate.

A37: Number of prenatal visits
Documented number of prenatal visits child's mother made to doctor during pregnancy as stated on birth certificate.

A38: Month of first prenatal visit
Prenatal visit (as stated on birth certificate) is defined as pregnancy-related medical care delivered by a doctor, nurse or other health professional with the goal of monitoring the pregnancy, providing education and increasing the likelihood of a positive maternal/fetal outcome.

A39: During pregnancy did mother:
Indicate any health risk that mother experienced during pregnancy.

- *Have medical complications/infections?* Mother had documented medical complications (pregnancy-related or non-pregnancy-related) or infections during pregnancy at anytime. These categories are not mutually exclusive. For example, herpes is considered an infectious disease. Code the medical complication/infection that provides the most specificity.
    - *Acute/Chronic Lung Disease*: Disorders affecting the lungs, such as asthma, chronic obstructive pulmonary disease, infections like influenza, pneumonia and tuberculosis, lung cancer and many other breathing problems.
    - *Anemia*: A condition in which a person's blood has a lower than normal number of red blood cells (RBCs), or the RBCs don't have enough hemoglobin to carry oxygen from the lungs to the rest of the body.
    - *Cardiac Disease*: A narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart. Disorders involving the valves in the heart or the ability of the heart to pump.
    - *Chorioamnionitis*: Infection of the membranes surrounding the fetus.
    - *Chronic Hypertension*: Elevated Blood Pressure documented before pregnancy, B/P greater than 140/90, or greater than 10 mm above patient's baseline B/P.

- *Diabetes*: Pre-existing diabetes is a condition in which levels of sugar in the blood are too high. Gestational diabetes arises during pregnancy; it results from the effect of hormones and usually subsides after delivery.
- *Eclampsia*: Hypertensive states of pregnancy accompanied by seizures.
- Genital Herpes: A sexually transmitted infection that is caused by a herpes simplex virus. Genital herpes affects the genitals, buttocks or anal area. Mothers can also infect their babies during childbirth.
- *Hemoglobinonpathy*: A group of rare, inherited disorders involving abnormal structure of the hemoglobin moleculeclude hemoglobin C disease, hemoglocin S-C disease, sickle cell anemia and various types of thalassemia.
- *High MSAFP*: A screening that examines alpha-fetoprotein in the mother's blood during pregnancy. It is often part of the triple or quad screen test that assesses whether further diagnostic testing may be needed. High levels of AFP may suggest that the developing baby has a neural tube defect such as spina bifida or anencephaly. Low levels of AFP and abnormal levels of hCG and estriol may indicate that the developing baby has Trisomy 21(Down syndrome), Trisomy 18 (Edwards Syndrome) or another type of chromosome abnormality.
- *Hydramnios/Oligohydramnios*:
    - *Hydramnios/Polyhydramnios* – Larger than normal amount of amniotic fluid, often associated with certain congenital anomalies or maternal diabetes.
    - *Oligohydramnios* – Smaller than normal amount of amniotic fluid.
- *Incompetent Cervix*: A weakened cervix that results in rapid and unexpected premature dilatation of the cervix and repeated spontaneous abortions, usually during second trimester.
- *Low MSAFP*: Low levels of AFP and abnormal levels of hCG and estriol may indicate that the developing baby has Trisomy 21(Down syndrome), Trisomy 18 (Edwards Syndrome) or another type of chromosome abnormality.
- *Other Infectious Disease*: Any significant source of maternal infection, including periodontal, UTI, etc. (not classified as STI)
- *Pregnancy-Related Hypertensio*n: Hypertensive states of pregnancy that have not been preceded by any chronic high blood pressure. Classification: 1. Without proteinuria (protein in the urine); 2. With proteinuria (pre-eclampsia); and 3. Accompanied by seizures (eclampsia).
- *Preterm labor*: Onset of Labor before 37 completed weeks gestation.
- *Previous Infant 4000+ Grams*: Previous birth to infant weighing more than 4000 grams at birth
- *Previous Preterm/Small for Gestation*: Previous delivery of an infant before 37 completed weeks gestation. Birth weigh of the fetus is below the 10th percentile of mean weight for gestational age.
- *Premature Rupture of Membranes/ (PROM)*: Spontaneous rupture of the bag of waters any time before the onset of labor.

- *Renal Disease*: Damage to the nephrons resulting in kidney disease. This damage may leave kidneys unable to remove wastes. Commonly associated with diabetes and high blood pressure
- *Rh Sensitization*: Rh incompatibility occurs when a pregnant woman has Rh-negative blood and the fetus has Rh-positive blood. If Rh antibodies cross the placenta to the fetus, they may destroy some of the fetus's red blood cells. Once a woman is sensitized, problems are more likely with each subsequent pregnancy in which the fetus's blood is Rh-positive. If red blood cells are destroyed faster than the fetus can produce new ones, the fetus can develop anemia. Such destruction is called hemolytic disease of the fetus (erythroblastosis fetalis) or of the newborn.
- *Uterine Bleeding*: Most commonly caused by placental problems in pregnancy such as:
    - *Placental Abruption* – A condition in which the placenta separates from the inner wall of the uterus before the baby is born.
    - *Placenta Previa* – A placenta that is implanted in the lower uterine segment and covers all or part of the cervical os.
- *Other, specify*: Indicate other medical complications/infections that occurred during pregnancy.

- *Smoke tobacco?* Code as yes if Mother smoked any tobacco during her pregnancy.
- *Experience intimate partner violence?* Mother experienced intimate partner violence at any time during the pregnancy. Intimate partner violence is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner. Intimate partners may be heterosexual or of the same sex.
- *Use illicit drugs?* Mother used illicit drugs at any time during the pregnancy. Illicit drugs are defined as controlled substances that possess a high potential for abuse, have no currently accepted medical use in the United States and demonstrate a lack of accepted safety for use under medical supervision.
- *Infant born drug exposed?* For a child to be born drug exposed, there must be a documented presence of drugs that were taken by the mother in the child's system at time of birth. Documented refers to information from CPS or hospital records.
- *Misuse over-the-counter or prescription drugs?* Mother misused over-the-counter or prescription drugs at any time during pregnancy. Misuse of over-the-counter drugs is defined as a person taking a non-prescribed drug in a way other than recommended in product safety warnings or instructed by a supervising physician. Misuse of prescription drugs is defined as a person taking a medication that was not prescribed for them, taking a prescription drug in a way other than was instructed by the prescribing doctor or a prescription being used in a manner inconsistent with safe prescribing practices.
- *Have alcohol use?* Mother used any amount of alcohol after her pregnancy was confirmed.

- *Infant born with fetal alcohol effects or syndrome?* Child displayed documented effects associated with fetal alcohol syndrome or was diagnosed with fetal alcohol syndrome.

For questionable or suspicious use of drugs or alcohol, add comments in Section M. Narrative.

A40: Were there access or compliance issues related to prenatal care?

There were compliance with care issues on the part of the mother, family or health care providers related to the death. Specify issues if appropriate. Compliance with care is defined as recommended ways of caring for child as prescribed by a physician.

- *Lack of money for care*: Mother or family did not have insurance or other means for paying for prenatal care, delivery and/or pediatric care.
- *Limitations of health insurance coverage*: Delay, loss or inaccessibility of medical services due to problems with health insurance coverage.
- *Multiple health insurance, not coordinated*: Mother had multiple health insurance coverage policies, resulting in delay or loss of medical care coverage, authorizations for treatment, etc.
- *Lack of transportation*: Mother did not have reliable public or private transportation to needed services, or lack of transportation caused mother to miss appointments or services.
- *No phone*: Home, workplace or dwelling where mother resided did not have a working phone nor was a cell phone available.
- *Cultural differences*: Mother exhibited health beliefs inconsistent with standard medical practices in the U.S.
- *Religious objections to care*: Mother had religious objections to care. (expand definition?) Parents sometimes deny their children the benefits of medical care because of religious beliefs. In some jurisdictions, exemptions to child abuse and neglect laws can restrict government action to protect children or seek legal redress when the alleged abuse or neglect has occurred in the name of religion.
- *Language barriers*: The mother and provider(s) were not able to communicate effectively because of language differences. For example, the mother spoke a different language than the provider and an interpreter was not available.
- *Referrals not made*: Conditions or circumstances warranting a referral were identified in an assessment, but no referral(s) made to appropriate services.
- *Specialist needed, not available*: A needed or required specialist was not located reasonably nearby mother's residence.
- *Multiple providers, not coordinated*: Mother received care from more than one provider, resulting in sporadic and fragmented care.
- *Lack of child care*: Mother did not have access to quality, affordable child care by either relatives, support persons or licensed day care during pregnancy.
- *Lack of family/social support*: Mother had few or no friends or family members providing emotional, financial or physical support during pregnancy.
- *Services not available*: A needed or required clinical service was not located reasonably nearby mother's residence.

- *Distrust of health care system*: The mother's or family's fear or distrust of or dissatisfaction with a provider(s) was a factor in their not using a service in a timely or effective manner.
- *Unwilling to obtain care*: Mother unwilling to seek prenatal care regardless of provider encouragement or referrals.
- *Intimate partner would not allow care*: The mother's intimate partner, who could be her husband, boyfriend or female partner, used violence or threats of violence or termination of the relationship to prevent her from seeking prenatal care.
- *Other, specify*: Indicate other access or compliance issues related to care

Section B. Primary Caregiver(s) Information

B1: Primary caregiver
Primary caregiver is defined as person or persons (up to two) who had responsibility for care, custody and control of child a majority of the time. If primary caregiver at time of death was different from primary caregiver at time of incident, answer regarding primary caregiver at time of incident. If the child was living with his/her biological or adoptive parents, assume that they were the primary caregivers and had legal custody of the child unless otherwise specified in the records. If the biological mother and father of the child have joint custody and the child spent equal time with each, code both as primary caregivers. If a parent lives outside of the child's home and does not provide the majority of care for the child, do not code that person as a primary caregiver.

If a newborn infant dies in a hospital shortly after birth, list at least the birth mother as the primary caregiver. Indicate relationship of caregiver to child.

B2: Age in years
Age of caregiver at the time of child's death.

B3: Caregiver(s) sex
Sex of caregiver.

B4: Caregiver(s) employment status
Caregiver's employment status at time of incident. To be considered unemployed, a person does not work at any time during the week.

B5: Caregiver(s) income
Income level is an estimate based on the local context and costs of living in the community. Economic indicators such as education, social service enrollment and health insurance type can assist in determining a caregiver's income level. If no concrete evidence exists regarding income, select unknown.

B6: Caregiver(s) education
Specify highest level of education which caregiver completed.

B7: Does caregiver speak English?
Indicate if caregiver speaks and understands English. Code as yes if caregiver was able to respond to questions surrounding the circumstances of the child's death. If caregiver does not speak English, specify language spoken.

B8: Caregiver(s) on active duty in military?
Caregiver is documented as being active in the military at time of incident. "Active in the military" includes all people performing active duty in the United States Armed Forces. This includes those in reserve forces and National Guard performing temporary duties at the time of incident. If yes, specify branch of military.

B9: Caregiver receiving social services in past 12 months?

Caregiver has had contact with social services within the past 12 months. Social services are defined as contact with the health and human service systems, as in receiving home visits from a health educator, receiving assistance through WIC or TANF, etc. WIC, the Women, Infants and Children is a nutrition program that helps pregnant women, new mothers and young children eat well and stay healthy. WIC receives federal funding from the U.S. Department of Agriculture. TANF is the Temporary Assistance for Needy Families Program. TANF became effective July 1, 1997, and replaced what was then commonly known as welfare: Aid to Families with Dependent Children (AFDC) and the Job Opportunities and Basic Skills Training (JOBS) programs. TANF provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs.

B10: Caregiver(s) have history of substance abuse?

Caregiver is perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs. If tobacco abuse occurred, it can be coded in the 'Other' category. Code as 'yes' if person was noted as using illegal drugs (such as heroin or cocaine), abusing prescription medications (such as pain relievers or Valium), or regularly using inhalants (e.g., sniffing gas). If the person is mentioned a using illegal drugs even if addiction or abuse in not specifically mentioned code as 'Yes'.
A person who is noted as participating in a drug or alcohol rehabilitation program or treatment including self-help groups and 12-step program should be coded as "yes" even if the person was noted as being currently clean and sober. A person with short-term experimental use that did not cause life problems and/or addictions should be coded "no".

A problem from the past (e.g. five years or more ago) that has resolved and no longer appears to apply should still be coded "yes". Previously attempting suicide via overdose is not sufficient justification for answering "yes" to this question in the absence of other information.

B11: Caregiver(s) have history of child maltreatment as a victim?

Caregiver has documented history of being the victim of child maltreatment (child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from law enforcement report or medical records. If referrals were made but not substantiated, still select 'Yes' regarding history unless the referral was found to be completely falsified.

If yes, specify type(s) of maltreatment substantiated. If child welfare referral or substantiations are documented, indicate total number of CPS referrals and substantiations. Indicate if caregiver was ever in foster care or adopted.

B12: Caregiver(s) have history of child maltreatment as a perpetrator?

Caregiver has documented history of being the perpetrator of child maltreatment (child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from law enforcement report or medical records. If referrals

were made but not substantiated, still select 'Yes' regarding history unless the referral was found to be completely falsified.

If yes, specify type(s) of maltreatment substantiated. If child welfare referral or substantiations are documented, indicate total number of CPS referrals and substantiations. Indicate if caregiver ever received CPS prevention or Family Preservation services, or had children removed.

B13: Caregiver(s) have disability or chronic illness?

Supervisor has a disability or chronic illness. Chronic implies an impairment or illness that has a substantial long-term effect on day-to-day functioning or health.

- *Physical*: Physical includes any anatomical loss, physiological disorders, cosmetic impairments and/or diseases. Examples may include paraplegia, cerebral palsy, cystic fibrosis, diabetes, cleft palate or cancer.
- *Mental*: Mental disorders are health conditions characterized by alterations in thinking; mood or behavior (or some combination thereof) associated with distress and/or impaired functioning. They include any psychiatric disability, mental illness or mental retardation. Examples may include depression, bi-polar disorders or Downs Syndrome. This includes cognitive/learning disabilities.
    - *If mental illness, was supervisory receiving mental health services*? Indicate if supervisor was currently receiving services.
- *Sensory*: Sensory disorders refer to any disability or chronic disease that impairs the senses, including visual, auditory and olfactory. Examples include blindness and deafness.

B14: Caregiver(s) have prior child deaths?

Caregiver has a documented history of having a child (anyone 17 years or under) die while in his/her care, custody or control. If yes, indicate number of prior child deaths due to child abuse, child neglect, accidental, suicide, SIDS or other.

B15: Caregiver(s) have history of intimate partner violence?

Caregiver has a documented history of intimate partner violence (IPV) as either victim or perpetrator. Documented refers to evidence from law enforcement, medical or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner. Intimate partners may be heterosexual or of the same sex. This may also include domestic disturbance complaints to which law enforcement responded.

B16: Caregiver(s) have delinquent or criminal history?

Caregiver has a documented history of delinquent or criminal behaviors or actions. This includes any history with the juvenile justice system or the criminal justice system. If yes, specify type of delinquent or criminal history that is documented. Delinquent behavior may include school disciplinary actions, charges or convictions for misdemeanor offenses. Criminal behavior includes charges or convictions for felony charges.

Section C. Supervisor(s) Information

Supervision is defined as a person who has responsibility for care and control of child at time of incident. If there were two supervisors at time of incident, but one clearly had primary responsibility, code person with primary responsibility. If responsibility of supervision was divided between two people, code person who was in closest proximity with the child prior to incident as the primary supervisor.

C1: Did child have supervision at time of incident leading to death?
Indicate if a person had care and control of the child at the time of incident.

C2: How long before incident did supervisor last see child?
Approximate amount of time that passed between last time supervisor physically saw child and the incident. If time of incident is unknown, indicate amount of time that past between last time supervisor physically saw child and time child was found.

C3: Is person a primary caregiver as listed in previous section?
Supervisor is listed as a caregiver in Section B. If yes, go to question 15.

C4: Primary person responsible for supervision at time of incident?
Relationship of supervisor to child. If a newborn infant dies in a hospital shortly after birth, in most circumstances, hospital staff should be listed as the supervisor. If hospital staff or institutional staff is selected, questions C4-C14 will be hidden.

C5: Supervisor's age in years
Age of the supervisor.

C6: Supervisor's sex
Sex of the supervisor.

C7: Does supervisor speak English?
Indicate if supervisor speaks and understands English. Code as yes if supervisor was able to respond to questions surrounding the circumstances of the child's death. If supervisor does not speak English, specify language spoken.

C8: Supervisor on active duty in the military?
Supervisor is documented as being active in military at time of incident. "Active in the military" includes all people performing active duty in the United States Armed Forces. This includes those in reserve forces and National Guard performing temporary duties at the time of incident. If yes, specify branch of military.

C9: Supervisor has history of substance abuse?
Supervisor is perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs. If tobacco abuse exists, it can be coded in the 'Other' category. Code as 'yes' if supervisor was noted as using illegal drugs (such as heroin or cocaine), abusing prescription medications (such as pain relievers or Valium), or regularly using

inhalants (e.g., sniffing gas). If the supervisor is mentioned a using illegal drugs even if addiction or abuse in not specifically mentioned code as 'Yes'.
A person who is noted as participating in a drug or alcohol rehabilitation program or treatment including self-help groups and 12-step program should be coded as "yes" even if the person was noted as being currently clean and sober. A person with short-term experimental use that did not cause life problems and/or addictions should be coded "no".

A problem from the past (e.g. five years or more ago) that has resolved and no longer appears to apply should still be coded "yes". Previously attempting suicide via overdose is not sufficient justification for answering "yes" to this question in the absence of other information.

C10: Supervisor have history of child maltreatment?
Supervisor has documented history of being the victim or the perpetrator of child maltreatment (child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from law enforcement report or medical records. If referrals were made but not substantiated, still select 'Yes' regarding history unless the referral was found to be completely falsified.

If yes, specify type(s) of maltreatment substantiated. If child welfare referral or substantiations are documented, indicate total number of CPS referrals and substantiations. Indicate if supervisor ever received CPS prevention or Family Preservation services, was ever in foster care or adopted or had children removed.

C11: Supervisor has disability or chronic illness?
Supervisor has a disability or chronic illness. Chronic implies an impairment or illness that has a substantial long-term effect on day-to-day functioning or health.

- *Physical*: Physical includes any anatomical loss, physiological disorders, cosmetic impairments and/or diseases. Examples may include paraplegia, cerebral palsy, cystic fibrosis, diabetes, cleft palate or cancer.
- *Mental*: Mental disorders are health conditions characterized by alterations in thinking; mood or behavior (or some combination thereof) associated with distress and/or impaired functioning. They include any psychiatric disability, mental illness or mental retardation. Examples may include depression, bi-polar disorders or Downs Syndrome. This includes cognitive/learning disabilities.
    - *If mental illness, was supervisory receiving mental health services*? Indicate if supervisor was currently receiving services.
- *Sensory*: Sensory disorders refer to any disability or chronic disease that impairs the senses, including visual, auditory and olfactory. Examples include blindness and deafness.

C12: Supervisor has prior child deaths?
Supervisor has a documented history of having a child (anyone 17 years or under) die while in his/her care, custody or control. If yes, indicate number of prior child deaths due to child abuse, child neglect, accidental, suicide, SIDS or other.

C13: Supervisor has history of intimate partner violence?

Supervisor has a documented history of intimate partner violence (IPV) as either victim or perpetrator. Documented refers to evidence from law enforcement, medical or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner. Intimate partners may be heterosexual or of the same sex. This may also include domestic disturbance complaints to which law enforcement responded.

C14: Supervisor has delinquent or criminal history?

Supervisor has a documented history of delinquent or criminal behaviors or actions. This includes any history with the juvenile justice system or the criminal justice system. If yes, specify type of delinquent or criminal history that is documented. Delinquent behavior may include school disciplinary actions, charges or convictions for misdemeanor offenses. Criminal behavior includes charges or convictions for felony charges.

C15: At time of incident was supervisor?

Indicate supervisor's status at time of incident.

- *Drug impaired*: Drug impaired refers to being under the influence of any intoxicating compound or combination of intoxicating compounds to a degree that impairs a person's ability to supervise a child.
- *Alcohol impaired*: Alcohol impaired refers to being under the influence of alcohol to a degree that impairs a person's ability to supervise a child.
- *Asleep*: Supervisor was sleeping at time of incident.
- *Distracted*: Distracted refers to the supervisors attention being diverted off the child and onto something else.
- *Absent*: Supervisor was not present at time of incident.
- *Impaired by illness, specify*: Impaired by illness refers to a physical illness that renders a person incapable of effectively supervising a child. This includes any acute or chronic medical condition that may limit the person's ability to care for a child. Impaired by mental illness may include conditions such as depression, PTSD, bi-polar disorder or other diagnosed mental health condition.
- *Impaired by disability, specify*: Impaired by disability refers to a condition that renders a person incapable of effectively supervising a child. Impaired by disability may include developmental delays. Blindness is an example of a disability that may limit a person's ability to care for a child.
- *Other*: Specify all other factors that contributed to poor quality of supervision.

Section D. Incident Information

Incident refers to the place where the event occurred. For injury deaths, incident refers to the injury event. For natural deaths, consider the incident as the acute event leading to the death. This may be the same as the date of death. For example, if a child dies from a fatal asthmatic episode, the incident date would be the date of the onset of the asthma attack leading to the death. For a child with a chronic illness such as cancer, the incident date may be the same as the date of death, with no acute event occurring.

D1: Date of incident event if different than date of death
If date of incident was different than date of death, specify date of incident. If dates are identical, check same. For a newborn that did not leave the hospital, select 'Same as data of death'.

D2: Approximate time of day that incident occurred
Specify time of day that the incident occurred using a 12 hour clock. "AM" or "PM" can be selected without proving the specific hour.

D3: Interval between incident and death
If a date was given for question one, specify amount of time (days, weeks, months or years) that elapsed between incident and date of death. If incident and death occurred on the same date, provide the approximate time (hours or minutes) that elapsed. Deaths that occurred instantaneously or within seconds should be coded as one minute.

D4: Place of incident
Specify where incident leading to death occurred, e.g., where the child was first injured. For designations of specific buildings (such as "child's home" or "school"), include both building itself and area directly outside, such as side walk. If a child was injured in a variety of locations (for example, a teen was shot and was pursued by the attacker into a store and shot a second time), code the location at which the child was first injured. For children that died of natural causes, with no acute event leading to the death, the incident place is usually the same as the place of death.

D5: Type of area
Specify type of area where incident occurred. Urban is defined as a large city or densely populated area. Suburban is defined as a residential district located on the outskirts of a city. A rural area is a community with low population densities and can include agricultural and recreational land. Frontier is a very sparsely populated region in which there are less than three persons per square mile.

D6: Incident state
State in which incident occurred as stated on death certificate. If incident occurred out of the United States, select 'Out of Country' and type in the country where incident occurred.

D7: Incident county
County in which incident occurred as stated on death certificate. If incident occurred

'Out of Country' this field will be disabled.

D8: Was 911 or local emergency number called?
911 or local emergency number was documented as being called at time of incident. For newborns that never left the hospital or if the incident occurred in a hospital, select N/A.

D9: CPR performed before EMS arrived?
Cardiopulmonary Resuscitation (CPR) was attempted by any person at time of incident, prior to time of EMS or First Responder arrival.

D10: At time of incident leading to death, had child used alcohol or drugs?
There was documentation by toxicology or reports by witnesses or others, including statements that the child was using or had alcohol or other drugs in their system, in the events leading up to or at the time of death. This would not include appropriate levels of prescribed or over the counter levels of drugs the child was taking for known medical conditions.

D11: EMS to scene?
Emergency Medical Services (EMS) was on site at incident. Code only to indicate presence of EMS at scene, not to indicate whether any medical services were delivered.

D12: Child's activity at time of incident
Specify activity child was engaged in at time of incident. For natural deaths, determine if the child's activity contributed to the onset of an acute incident leading to death, for example, playing may have precipitated an asthma attack. If yes, answer this question. If no, leave blank.

D13: Total number of deaths at incident event
Specify total number of deaths, including child, that occurred as a result of incident. For natural deaths, this question may not apply.

Section E. Investigation Information

E1: Death referred to
Specify if the death was referred to the medical examiner or coroner. If medical examiner or coroner were not made aware of the death, select not referred.

E2: Person declaring official cause and manner of death
Specify who certified cause and manner of death as recorded on death certificate. Qualifications for medical examiners and coroners differ by state.

E3: Autopsy performed?
Autopsy was performed on the child as stated on death certificate, or other source. Specify person who performed the autopsy.

- *Forensic pathologist*: The forensic pathologist is a pathologist with a subspecialty, in the examination of persons who die sudden, unexpected or violent deaths. The forensic pathologist is an expert in determining cause and manner of death. The forensic pathologist is specially trained: to perform autopsies to determine the presence or absence of disease, injury or poisoning; to evaluate historical and law-enforcement investigative information relating to manner of death; to collect medical evidence, such as trace evidence and secretions, to document sexual assault; and to reconstruct how a person received injuries.
- *Pediatric pathologist*: Pediatric pathology is a subspecialty of pathology concerned with the study and diagnosis of disease from conception through adolescence, recognizing that diseases of early life are distinct from those of adulthood. It is often at the forefront of advances in understanding and treatment of disorders of the fetus, the newborn infant, and the child.
- *General pathologist:* A pathologist is a physician trained in the medical specialty of pathology. Pathology is the branch of medicine that deals with the diagnosis of disease and causes of death by means of laboratory examination of body fluids (clinical pathology) cell samples, (cytology) and tissues (pathologic anatomy).

E4: List all agencies that conducted a scene investigation
Specify all agencies that conducted an investigation of the incident at the death scene after the death occurred. A scene investigation refers to conducting an investigation at the event place. If the child was killed while working, include child labor enforcement agencies and/or workplace health and safety enforcement agencies (e.g. OSHA) under 'Other'.

E5: Toxicology screen?
If toxicology screen was conducted on child after death, specify results and substances found. If toxicology found that therapeutic levels of prescription or over the counter drugs were too low or too high, code as 'Other'.

E6: X-rays taken?
Indicate if X-rays of child were taken during the course of the investigation.

E7: Was a CPS record check conducted as a result of the death?
Indicate if CPS records on child were checked by investigating agencies.

E8: Did investigation find evidence of prior abuse?
If evidence of abuse prior to incident was found during the course of the investigation, indicate from what source the evidence was found.

E9: CPS action taken because of death?
If CPS action was taken as a result of death, select report screen out/not investigation, unsubstantiated, inconclusive or substantiated. Indicate services or actions that occurred. These terms may vary by state.

E10: If death occurred in licensed setting, indicate action taken
Specify action taken if death occurred in a licensed setting, such as child care.

Section F. Official Manner and Primary Cause of Death

F1: Official manner of death from the death certificate
Official manner of death as stated on death certificate or if unavailable, as stated in medical examiner/coroner report. If pending, update when official manner is available.

F2: From an injury (external) cause
If death was due to an injury, indicate primary injury category causing death. Injury refers to any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical or chemical energy that exceeds a threshold of tolerance in the body or from the absence of such essentials as heat or oxygen. For example, if a person is involved in a motor vehicle crash and dies from head trauma received during the crash, the primary cause of death would be motor vehicle crash and the final cause of death may be head trauma. For the purposes of this database, the primary cause of death is coded as "motor vehicle and other transport".

F2: From a medical cause
If death was due to a medical condition, indicate category of primary cause of death. This is the cause of death that began the events resulting in the final cause of death. SIDS is considered a medical condition according to the International Classification of Diseases (ICD).

F2: Undetermined if injury or medical cause
Select this option if the death was not classified as an injury or medical cause. For example, in some jurisdictions, medical examiners/coroners are not classifying the sudden unexpected death of an infant in either category.

F2: Unknown
Team does not have information on the primary cause of death.

Section G1. Motor Vehicle and Other Transport

G1a: Vehicles involved in incident

Write in the total number of vehicles involved in the incident. Indicate the type of vehicle the child was in. If child was not in a vehicle check none. Determine which vehicle was the other primary vehicle involved in incident. This is the vehicle that most affected the incident involving the child. Indicate vehicle type for other primary vehicle.

G1b: Position of child

Position of child in relation to motor vehicle at time of incident as recorded on motor vehicle crash report.

- *Driver*: An occupant who is in actual physical control of a transport vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.
- *Passenger*: Any occupant of a road vehicle other than its driver. Indicate seating position of passenger.
- *On bicycle*: Any person riding on a bicycle or other non-motorized wheeled vehicle with pedals.
- *Pedestrian*: Any person who is not an occupant of a transport vehicle. Specify pedestrian activity at time of incident.
- *Unknown*: CDR team does not know the position of the child involved in the motor vehicle/other transport incident.

G1c: Causes of incident

Causes of incident as determined by reporting law enforcement officer on motor vehicle crash report.

- *Recklessness*: Level of intent of driver to operate vehicle in a unsafe manner not conducive to road, weather and other traffic conditions.
- *Driver distraction*: When a driver engages in a secondary task that is not necessary to perform the primary driving task, i.e. talking to a passenger, eating. This includes distractions that occur outside of the vehicle as well. If a cell phone was the distraction, select 'Cell phone in use while driving'.
- *Driver inexperience*: Use the information available to the team to make this decision. For example, if the crash occurred during winter conditions, was this the first time the child had driven on icy roads?
- *Drugs or alcohol use*: This includes use by the driver of any vehicle, pedestrian, bicyclist or passenger that contributed to the incident.

G1d: Collision type

Indicate circumstances existing at time of incident causing injury of child. Vehicle rollovers in which another vehicle or objects was not struck should be categorized in 'Other event'.

G1e: Driving conditions

Environmental conditions effecting road surface conditions and driver's ability to drive vehicle safely, as specified on law enforcement's motor vehicle crash report.

G1f: Location of incident

Type of place where incident occurred as specified on law enforcement's motor vehicle crash report. City streets typically consist of commercial areas whereas residential streets are predominantly housing. Highway includes Interstates.

G1g: Drivers involved in incident

Specify details relating to drivers involved in incident. If child was driving, fill out "child as driver" column. If child was passenger, fill out "child's driver" column. Specify driver of other vehicle involved in crash. If more than two vehicles were involved in crash, report on the vehicle identified in section 1a2. as other primary vehicle involved in crash.

G1h: Total number of occupants in vehicles

An occupant is any person who is part of a transport vehicle. Specify total number of occupants, number of teens ages 14-21, total number of deaths and total number of teen deaths (including child) in each vehicle involved in crash. N/A applies to h1 if the child was not in a vehicle. N/A applies to h2 if the incident was a single vehicle crash.

G1i: Protective measures for child

Specify types of protective measures used by child. Protective measures are defined as steps taken by child or supervisor to ensure child's safety in the event of a crash. Use your own state laws to determine if the use was appropriate.

- *Airbag*: A passive (idle) restraint system that automatically deploys during a crash to act as a cushion for the occupant. It creates a broad surface on which to spread the forces of the crash, to reduce head and chest injury. It is considered "supplementary" to the lap/shoulder belts because it enhances the protection the belt system offers in frontal crashes.
- *Lap belt*: A safety belt anchored at two points, for use across the occupant's thighs/hips.
- *Shoulder belt*: A safety belt anchored at two points, for use across the occupant's shoulder.
- *Child seat*: A crash tested device that is specially designed to provide infant/child crash protection.
    - *If child seat is selected, indicate type: A rear facing* child seat is a type of child restraint system that is specifically meant for use by children from birth up to approximately 20 pounds and used in the rear-facing mode only. A *front facing child seat is a* type of child restraint that is specifically meant for use by children at least age one and at least 20 pounds and up to 40 pounds and used in the forward-facing position only. State regulations for safety seats may vary. The source for the definitions listed here is the National Highway Traffic Safety Administration.
- *Belt positioning booster seat*: A platform that raises the child to provide a taller sitting height so that adult lap and shoulder belts fit better. Some have high backs as well.

- *Helmet*: Activity appropriate protective head gear designed to reduce or prevent injuries from occurring while bicycling, skateboarding, rollerblading, riding a motorcycle, snowmobile or ATV.
- *Other, specify*: Indicate if other protective measures were used.

Section G2. Fire, Burn or Electrocution

G2a: Ignition, heat or electrical source
Source from which fire or burn originated. Source is the direct cause or start of the fire.

G2b: Type of incident
Indicate type of incident child was involved in (e.g. fire, scald, other burn, electrocution, other or unknown).

G2c: For fire, child died from
For child who died during fire, ultimate cause of death to child as specified on death certificate. A child may have been burned in a house fire, but many times the ultimate cause of death was smoke inhalation.

G2d: Material first ignited
Type of material that first lit on fire following ignition.

G2e: Type of building on fire
Type of building/structure that was on fire at time of incident.

G2f: Building's primary construction material
Type of material of which building/structure was constructed. Specify type of material that made up majority of structure/building.

G2g: Fire started by person?
Code as "yes" if any person's actions ignited the fire, regardless of whether the person intentionally set the fire. A person with a history of setting fires should have a documented or reported history of setting fires. Indicate age of person that started fire.

G2h: Did anyone attempt to put out fire?
Any person, including victim, caregiver, supervisor or first responders that were reported to have tried to extinguish the fire.

G2i: Did escape or rescue efforts worsen fire?
Indicate if attempts by child or family members to escape or anyone's attempts to rescue victims worsened the situation. For example, were windows opened or broken out, doors opened, etc., thereby fueling the fire with oxygen and increasing the volume of smoke?

G2j: Did any factors delay fire department arrival?
If factors delayed fire department arrival such as lack of communication, environmental conditions, etc., specify factors.

G2k: Were barriers preventing safe exit?
List any barriers that prevented the safe exit of child, thus resulting in child's death, such as objects blocking child's path of exit, etc.

G2l: Was building a rental property?
Building/structure that was on fire was a rental property, not owned by occupants.

G2m: Were building/rental codes violated?
Existing state or local building/rental codes were violated. Answer if specific code violations were related to the fire incident, for example, if barriers were improperly installed code as "yes".

G2n: Were proper working fire extinguishers present?
A proper extinguisher refers to having a type of fire extinguisher appropriate to the type of fire. Fire extinguishers are classified for use on specific types of fires. For example, an extinguisher classified for Type A, B, or C fires can be used for ordinary combustible materials (Type A), flammable liquids (Type B), and electrical equipment (Type C). A Class D extinguisher would be used for flammable metals. Many fire extinguishers sold today can be used for more than one type of fire (A-B-C). See the National Fire Protection Association Code 10: Portable Fire Extinguishers Chapter 5 which describes appropriate fire extinguishers (http://www.nfpa.org/freecodes/free_access_document.asp).

G2o: Was sprinkler system present?
A sprinkler system was present in building/structure of fire at time of incident. If yes, indicate if it was working.

G2p: Were smoke detectors present?
If smoke detectors were present in building/structure at time of incident, specify type (with removable batteries, with non removable batteries or hardwired). For each type, indicate if detectors were functioning properly. If any were not functioning, select 'No'. If not functioning properly, select the reason they were not working (missing batteries or another reason). Indicate if there were an adequate number of detectors for the space. Suggested guidelines for judging adequate coverage are based on codes from the National Fire Protection Association (NFPA code 72: National Fire Alarm Code, Chapter 11):

- There should be a smoke alarm on every level of the home, including the basement.
- There should be an alarm in all sleeping rooms and guest rooms and outside every sleeping area.
- All hard-wired smoke alarms must be interconnected.
- In addition, if house > 1000 sq feet (excluding garage), smoke alarms shall be installed to the equivalent of 1 per every 500 square feet.

It is important to note that these are national guidelines, the actual recommendations and code may vary by state, so please consult your state codes or Fire Marshal.

G2q: Suspected arson?
Cause of fire was documented as a suspected arson incident.

G2r: For scald, was hot water heater set too high?
The standard setting for a water heater is under 120 degrees Fahrenheit. Specify temperature setting of hot water heater if known.

G2s: For electrocution, cause
If incident was electrocution, specify cause of electrocution.

G2t: Other, describe
If incident type was other or unknown (not already indicated), describe incident and cause of death.

Section G3. Drowning

G3a: Where was child last seen before drowning?
Place where child was last seen before incident leading to drowning. Please check all that apply.

G3b: What was child last seen doing before drowning
The last known or observed activity of child before incident leading to drowning. Please note that boating includes jet skis or personal water crafts.

G3c: Was child forcibly submerged?
Force was used to intentionally hold the child under water. This would include persons intending to drown the child as well as persons holding a child under water during play, without the intent of drowning. Do not code as "yes" if a child was held under water by an object, such as being caught by an anchor or raft rope or submerged under debris or hit by a surfboard.

G3d: Drowning location
Type of location in which drowning occurred. Bath tub includes in home bath tubs with water jets.

G3e: For open water, place
For open water deaths, indicate type of place where incident occurred.

G3f: Contributing environmental factors
If any environmental factors contributed to the drowning, specify. If no environmental factors contributed, leave blank. Please check all that apply.

- *Current:* A current can include an ocean current or a river current. For example, in the ocean, a long shore current is located in the surf zone, moving generally parallel to the shoreline, generated by waves breaking at an angle with the shoreline. Rip currents should be included here. Rip currents are powerful, channeled currents of water flowing away from shore. They typically extend from the shoreline, through the surf zone, and past the line of breaking waves. Rip currents can occur at any beach with breaking waves, including the Great Lakes.
- *Riptide/undertow: A riptide* includes both ebb and flood tidal currents that are caused by egress and ingress of the tide through inlets and the mouths of estuaries, embayments and harbors. An undertow occurs after a wave breaks and runs up the beach. Most of the water flows seaward; this "backwash" of water can trip waders, move them seaward, and make them susceptible to immersion from the next incoming wave.

G3g: For boating, type of boat
If boating-related death, specify type of boat child was riding in/on at time of incident.

G3h: For boating, child piloting boat?
If boating-related death, specify if child was piloting boat at time of incident.

G3i: Type of pool
If pool death, specify type of pool. This includes hot tubs and spas.

G3j: Child found
If pool death, specify if child was found in pool/hot tub/spa or under cover. If neither, leave blank.

G3k: For pool, ownership
Definitions of public and private pools can vary by state and locality. Consult your state guidelines for more information. In general, a private pool includes a swimming pool, spa, wading pool or portable above ground pool at a single or two-family family residence. A public pool includes municipal, institution, hotel, apartment, mobile home or RV park, private club or YMCA facility pools.

G3l: Length of time owners had pool/hot tub/spa?
If residential pool/spa/hot tub death, specify length of time person owned pool/spa/hot tub.

G3m: Flotation device used?
Indicate if child was wearing a personal flotation device at time of incident. If yes, specify if it was Coast Guard approved and type of device. If flotation device was not Coast Guard approved, specify type of device used.

G3n: What barriers/layers of protection existed to prevent access to water?
Specify type of barrier(s) and layer(s) of protection that were in place to prevent access to water or alert persons that access to water had occurred. Check all that apply.

G3o: Fence
If fence was present at time of incident as barrier/layer of protection, specify type, height and sides of water it surrounded.

G3p: Gate
If gate was present at time of incident as barrier/layer of protection, check all that apply.

G3q: Door
If door was present at time of incident as barrier/layer of protection, specify type. Check all that apply.

G3r: Alarm
If alarm was present at time of incident as barrier/layer of protection, specify type. Check all that apply.

G3s: Type of cover
If cover was present at time of incident as barrier/layer of protection, specify type.

G3t: Local ordinance(s) regulating access to water?
Indicate if local ordinance(s) related to pools/hot tubs barriers was/were in place at time of incident. If yes, indicate if they were violated.

G3u: How were layers of protection breached?
If barriers/layers of protection were breached during incident, indicate how they were breached. Breached is defined as opened, not functioning or not well placed.

G3v: Child able to swim?
For incidents occurring in pool, hot tub, spa or open body of water, indicate if child had ability to swim. This is subjective, based on investigative reports and relative to child's developmental ability.

G3w: For bathtub, was child in a bathing aid?
Child was left unattended in a bathtub seat or ring at time of incident. Bath tub seat or ring is defined as a plastic ringed chair with three or four attached legs that is placed inside a bathtub. The infant sits up inside the bathtub seat, leaving the caregiver's hands free to wash the child.

G3x: Warning sign or label posted?
Warning signs or labels were posted at the place of incident or on the object that the child drowned in, indicating potentially hazardous conditions. Examples could include warning signs at rivers to indicate dangerous currents, warning signs at beaches, labels on five gallon buckets of water, or signs posted at swimming pools indicating that lifeguards were not present.

G3y: Lifeguard present?
For pool and open body of water deaths, indicate if a lifeguard was present at time of incident.

G3z: Rescue attempt made?
If rescue was attempted, indicate who attempted to rescue the child.

G3aa: Did rescuer(s) also drown?
If rescue was attempted, indicate if person/people attempting rescue also drowned. Specify number of persons that drowned.

G3bb: Appropriate rescue equipment present?
For pool and open body of water deaths, indicate if appropriate rescue equipment was present and available at time of incident. Appropriate is relative to the place of drowning. For example, a swimming pool or public beach should have rescue equipment easily accessible.

Section G4. Asphyxia

G4a: Type of Event
Specify the type of asphyxiation. Suffocation is a broad term that refers to death or serious injury by deprivation of oxygen; can involve a variety of mechanisms. Strangulation is more narrowly defined as death by asphyxiation caused by some sort of compression of the neck, such as in hanging or manual strangulation using the hands. Choking refers to asphyxiation caused by an object becoming lodged in the airway.

G4b: If suffocation/asphyxia, action causing event:
For cases of suffocation, specify the circumstances that led to the asphyxial event. Overlay refers to death, usually of an infant, due to asphyxiation caused inadvertently by another person with whom they are sharing a sleep surface. This could be caused by the person rolling over onto the infant, or if their body in any other way inhibits the infant's ability to breathe. Wedging is when a child, usually and infant, becomes trapped between objects, often a mattress and a wall, such that it limits their ability to breathe. Asphyxia by gas could include carbon monoxide poisoning, or death by "huffing" or inhalant abuse; be sure to also answer question G9a.

G4c: If strangulation, object causing event:
For cases of strangulation, indicate what object caused the compression of the child's neck. If manual strangulation by an assailant be sure to also answer question G6q and Section I.

G4d: If choking, object causing event:
For cases of choking, indicate what type of object blocked the child's airway.

G4e: Was asphyxia an autoerotic event?
Autoerotic asphyxiation is defined as the practice of inducing cerebral anoxia, usually by means of self-applied ligatures or suffocating devices, while the individual masturbates. The most common practitioners are adolescent and young adult males. Select 'U/K' if the team could not determine if the child was participating in an autoerotic event or intentionally killed him/herself.

G4f: Was child participating in 'choking game' or 'pass out game'?
Indicate whether asphyxial death was related to play known by many names, most commonly as 'choking game' or 'pass out game'. The goal of this game, most often played by younger adolescents (9-14 year-olds) is to achieve a brief high or euphoric state by stopping the flow of oxygen-containing blood to the brain. Sometimes children choke each other until the person being choked passes out. The pressure on the arteries is then released and blood flow to the brain resumes, causing a "rush" as consciousness returns. There are variations of this activity, which could involve purposefully induced hyper-ventilation or the use of ligatures. It may be most dangerous when played alone, as the child may lose consciousness before being able to release the mechanism of asphyxiation, thereby causing death. Select 'U/K' if the team could not determine if the child was participating in the 'choking game' or intentionally killed him/herself.

G4g: History of seizures?

Indicate whether child had a documented history of seizures. A seizure is an involuntary muscular contraction and relaxation originating from the "short circuit" of the central nervous system. Seizures vary in pattern, length and intensity. Causes include fever, tumors, injuries or epilepsy. If yes, were the seizures ever witnessed?

G4h: History of apnea?

Indicate whether child had a documented history of apnea. Apnea is defined as an interruption in the normal breathing patterns of a child. If yes, was the apnea ever witnessed?

G4i: Was Heimlich Maneuver attempted?

If child was choking, indicate whether the Heimlich maneuver attempted to try to dislodge the item child was choking on. Heimlich Maneuver is defined as abdominal thrusts applied manually to dislodge an object blocking the airway.

Section G5. SIDS and Undetermined Cause Under One Year

G5a: Child exposed to second-hand smoke?
Child was exposed to second hand smoke regularly during lifetime. Second hand smoke is defined as smoke which is exhaled by a smoker, or originates from a tobacco product which he/she is using, to which a child is exposed. It includes smoke from a smoldering cigarette, cigar, pipe or other tobacco material. If yes, indicate frequency. Frequent exposure refers to several times a week. Occasional exposure refers to several times a month.

G5b: Child overheated?
Child was overheated at time of death. If yes, specify reason for overheating. Overheated is defined as a body temperature not caused by a fever that is more than one degree above 98.7 degrees Fahrenheit.

G5c: History of seizures?
Child had a documented history of seizures. A seizure is an involuntary muscular contraction and relaxation originating from the "short circuit" of the central nervous system. Seizures vary in pattern, length and intensity. Causes include fever, tumors, injuries or epilepsy. If yes, were the seizures ever witnessed?

G5d: History of apnea?
Child had a documented history of apnea. Apnea is defined as an interruption in the normal breathing patterns of a child. If yes, was the apnea ever witnessed?

Section G6. Weapon, Including Person's Body Part

G6a: Type of weapon
Specify type of weapon used in incident to cause injury to the child. A firearm is a weapon consisting of a metal tube that fires a projectile at high velocity using an explosive charge as a propellant. This definition includes handguns, rifles, and shotguns. A sharp instrument refers not only to knives, but also to razors, machetes, or pointed instruments (e.g., chisel, broken glass). A person's body part includes any part of a person used as the primary instrument of the assault or injury. For example, fists for punching, feet for kicking. Body part should not be checked if the person was using hands to hold another weapon. Blunt instrument refers to clubs, bats, etc. Biological weapon is defined as any infectious agent such as a bacteria or virus used intentionally to inflict harm upon others. This definition is often expanded to include biologically derived toxins and poisons.

G6b: For firearms, type
If firearm was weapon, specify type.

G6c: Firearm licensed?
If firearm was weapon, indicate if it was licensed to owner.

G6d: Firearm safety features
If firearm was weapon, specify safety features present on firearm at time of incident. Trigger lock is defined as an external device that is attached to the handgun with a key or combination and is designed to prevent a handgun from being discharged unless the device has been deactivated. Personalization device is defined as a device installed in a firearm that prevents unauthorized users of any age from firing it. External safety or drop safety is defined as a device that blocks the trigger or the hammer from striking the firing pin, will sometimes de-cock the pistol's hammer, and can disengage the trigger mechanism. Loaded chamber indicator is defined as a gauge showing when a gun is loaded. Magazine disconnect is defined as a device that prevents the gun from firing if the ammunition magazine (or part of gun that hold the bullets prior to chambering) is removed. Minimum trigger pull is defined as a gun feature that only enables a gun to fire if a minimum level of force is placed on trigger.

G6e: Where was firearm stored?
If firearm was weapon, indicate where firearm was stored at time of incident.

G6f: Firearm stored with ammunition?
If firearm was weapon, indicate if it was stored in same place as ammunition.

G6g: Firearm stored loaded?
If firearm was weapon, indicate if it was stored loaded with ammunition.

G6h: Owner of fatal firearm
Specify documented owner of weapon. Partner is defined as a person who lives with and is sexually involved with (but is not married to) the child's mother or father.

G6i: Sex of owner of fatal firearm
Sex of person who owned the weapon that killed the child.

G6j: Type of sharp object
If sharp object was weapon, specify type.

G6k: Type of blunt object
If blunt object was weapon, specify type of blunt object.

G6l: What did person's body part do?
Body part includes any part of a person used as the primary instrument of the assault or injury. For example, fists for punching, feet for kicking. Body part should not be checked if the person was using hands to hold another weapon. If body part was weapon, how was body part used to create injuries that killed the child? This includes child abuse and other assaults. Only select 'Other, specify' if body part action does not fit into any other category.

G6m: Did person using weapon have history of similar offense?
Person using weapon has a documented history of weapon-related offense.

G6n: Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?
Member of child's family has a documented history of weapon offenses or died of causes due to a weapon-related injury.

G6o: Persons handling weapons at time of incident
Relationship of person/people handling weapon(s) at time of incident that killed child. Partner is defined as a person who lives with and is sexually involved with (but is not married to) the child's mother or father. Select 'other, specify' for person/people handing weapon(s) at time of incident only if those person(s) do not fit into any other category. Fatal weapon is the weapon that injured the child. Other weapon includes any weapon involved in the incident that did not injure the child.

G6p: Sex of person(s) handling weapon
Sex of person who handled fatal and/or other weapon being used at the time of incident.

G6q: Use of weapon at time
Specify intended use of the fatal weapon at time of incident.

Section G7. Animal Bite or Attack

G7a: Type of animal
Specify type of animal causing fatal injury even if child died from complications rather than actual injury. If insect is selected, only answer remaining section questions if applicable.

G7b: Animal access to child
Indicate how animal gained access to child.

G7c: Child provoke animal?
Code as "yes" if child's actions provoked, angered or startled the animal, causing a bite or other attack.

G7d: Animal has history of biting or attacking?
Animal has a documented or reported history of biting or attacking.

Section G8. Fall of Crush

G8a: Type of incident
Indicate if incident was fall or crush.

G8b: Height of fall
Estimate the number of feet and inches child fell from. This is measured from the lowest point of the child to the surface they fell to. The number of feet in one story varies by building architecture. If unable to estimate, then select 'Unknown'.

G8c: Child fell from
Type of place where child fell from. An example of a natural elevation would be a cliff; man-made elevation would be a scaffolding, balcony, porch or other structure not otherwise listed.

G8d: Surface child fell onto
Type of surface onto which child fell.

G8e: Barriers in place
Type of barriers that were in place at time of incident to prevent fall. Barriers are defined as obstacles or objects placed in the child's way to prevent them from accessing a certain place. Other window guard does not include screen, but includes metal grates.

G8f: Was child in a baby walker?
Baby walker is defined as a light frame on casters or wheels to help a baby learn to walk.

G8g: Child pushed, dropped or thrown?
Specify if child was either pushed, dropped or thrown. If none of these apply, leave blank.

G8h: For crush, did child
If crush was primary cause of death, specify child's position in relationship to object at time of incident.

G8i: For crush, object causing crush
If crush was primary cause of death, specify object that crushed child. If crush caused by person, indicate activity at time of incident.

Section G9. Poisoning, Overdose or Acute Intoxication

G9a: Type of substance involved:
Indicate type of substance involved in incident. List all types of substances contributing to the death, not just the substance causing death. Do not list substances unless they contributed to the death as documented on death certificate or autopsy report.

Prescription drugs should be listed in the prescription drug category even if the prescription drug was obtained "on the street" or was prescribed for another person. Pain killer (opiate) should be selected for all prescribed opiates except methadone. Cardiac medication should be selected for all drugs typically prescribed for heart disease, except for blood pressure medication. Check the class for which the drug is most typically used. In some instances this may not be the reason for which the drug is prescribed. For example, Codeine should be checked as pain killer (opiate) even if it was prescribed as a cough suppressant.

Street drugs include recreational drugs not generally available by prescription such as heroin, cocaine, LSD and methamphetamine. If the child died from a prescription drug that was obtained illicitly, please list the agent in the appropriate prescription drug category.

In order to obtain data on the exact agents involved in poisoning deaths among children and youth, please indicate the actual trade or generic name of each agent contributing to the death in the "other specify" field, for the corresponding category, as well as in the narrative. For example, if codeine was one of the contributors to the death, check pain killer (opiate) and write codeine in the other specify field.

G9b: Where was the substance stored?
Specify place substance was stored at time of incident. This may not be applicable in all cases such as recreation drug use. In these situations, leave the item blank.

G9c: Was the product in its original container?
Code as yes, if poison was in the container that the manufacturer originally packaged it in or in its original prescription dispensing format.

G9d: Did the container contain a child safety cap?
The container the poison was in at time of incident was equipped with a child safety cap that was securely on. Child safety cap is defined as a lid to a container that requires the level of developmental ability to open it to be equal to that of an eight-year-old child.

G9e: If prescription, was it for child?
If source of poison was a prescription medication, indicate if the medication was prescribed for the child.

G9f: Was the incident the result of?

- *Accidental overdose*: Unintentionally administering medication above recommended safe dosage levels. Also includes children ingesting/exposed to

agents (including nonpharmaceutical agents) without knowledge of adverse consequences.

- *Medical treatment mishap***:** Includes medication incorrectly prescribed or incorrectly administered by medical personnel.
- *Adverse effect but not overdose*: Includes prescribed or over-the-counter medication administered and prescribed correctly but child had adverse reaction.
- *Deliberate poisoning*: Refers to intentionally administering medication with the intent to harm the child. This includes both suicidal and homicidal poisonings.
- *Acute Intoxication:* Refers to agents taken as a result of recreational use or addiction. It excludes suicide.

G9g: Was Poison Control called?

If Poison Control was called as a result of incident, specify relationship of caller to child.

G9h: For CO poisoning, was a CO detector present?

If carbon monoxide (CO) poisoning was primary cause of death, indicate if CO detector was present. If detector was present, indicate if it was functioning properly at time of incident.

Section G10. Exposure

Exposure refers to death resulting from lack of protection over prolonged periods from weather or extreme temperatures.

G10a: Circumstances
Specify circumstances involved in the incident.

G10b: Condition of exposure
Indicate if primary cause of death was hyperthermia or hypothermia. Hyperthermia is defined as an above normal body temperature. Hypothermia is defined as a below normal body temperature. Specify ambient temperature of child when found. Ambient temperature is defined as the temperature of room or place surrounding where child was found.

G10c: Number of hours exposed
Total number of hours child was documented as being exposed to extreme temperature.

G10d: Clothing appropriate?
If child was wearing appropriate clothing for conditions at time of incident, code as "yes".

Section G11. Medical Condition

G11a: How long did the child have the medical condition?
Specify general length of time child had medical condition. This is often stated on the death certificate.

G11b: Was death expected as a result of the medical condition?
If childhood death was expected as a result of the medical condition, indicate if death was expected to happen at a later time.

G11c: Was child receiving health care for the medical condition?
Indicate if child was receiving health care for medical condition resulting in the death. Code as 'yes' even if the child was not diagnosed correctly. Indicate if care was provided within 48 hours of the death.

If the team concludes that the child was receiving care but there was a delay in the diagnosis or the child was misdiagnosed and the delay/misdiagnosis contributed to the death, this should be included in the narrative section.

G11d: Were the prescribed care plans appropriate for the medical condition?
Indicate if care plans prescribed by physician were appropriate for the medical condition. If no, specify why inappropriate.

G11e: Was child/family compliant with prescribed care plans?
Indicate if child/family was in compliance with care plans prescribed by physician. If not, specify part of the plan that child/family was out of compliance with. If no care plan was in place, select 'N/A'.

G11f: Was child up to date with American Academy of Pediatrics immunization schedule?
According to documentation, indicate if child was up to date with recommended immunization schedule based on child's age and the immunization series required. These are available at http://www.cispimmunize.org/.

G11g: Was medical condition associated with disease outbreak?
Indicate if medical condition child suffered from was associated with a disease outbreak (e.g. flu, virus, etc.).

G11h: Was environmental tobacco exposure a contributing factor in the death?
Code as 'yes' if the team believes that environmental tobacco exposure contributed to the death. Do not code yes if the child was a smoker but secondhand smoke was not known to be a contributor. Secondhand smoke, also known as environmental tobacco smoke, is a complex mixture of gases and particles that includes smoke from the burning cigarette, cigar, or pipe tip (sidestream smoke) and exhaled mainstream smoke. Secondhand smoke contains at least 250 chemicals known to be toxic, including more than 50 that can cause cancer. (National Toxicology Program. 11th Report on Carcinogens, 2005)

Secondhand smoke exposure causes respiratory symptoms in children and slows their lung growth. Secondhand smoke causes acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children. There is no risk-free level of secondhand smoke exposure. Even brief exposure can be dangerous. (U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, 2006)

G11i: Were there access or compliance issues related to the death?

If there were compliance with care issues on part of child, family or health care providers related to death, specify issues. Compliance with care is defined as recommended ways of caring for child as prescribed by a physician. G11h options are defined in section A39.

Section G12. Other Cause, Undetermined Cause or Unknown Cause

G12a: Cause

Describe the cause and/or circumstances involved in the child's death. The following causes of death are included in this section.

- Other injury cause
- Undetermined injury cause
- Unknown injury cause
- Unknown cause (no information is available)
- Undetermined if injury or medical cause (death was not classified as an injury or medical cause.

Section H. Other Circumstances of Incident

H1. Death Occurred While Child Sleeping or in a Sleeping Environment
If yes, answer the following questions.

H1a: Incident sleep place
Type of place child was sleeping in or on. Playpen includes pack-n-play. Select couch if the death occurred on a futon that was in the couch position. If a futon was positioned horizontally so as to resemble a bed, select adult bed as the sleep place.

H1b: Child put to sleep
Position child was put to sleep in.

H1c: Child found
Position child was found unresponsive.

H1d: Usual sleep place
Usual sleep place refers to the place the child slept a majority of the time. The sleep place selected should be the usual place for the time the incident occurred. For example, if the death occurred at a licensed child care home, where did the infant usually sleep while at child care?

H1e: Usual sleep position
Position child slept most times.

H1f: Was there a crib/bassinette/port-a-crib in the home for the child?
Indicate if there was a crib/bassinette or port-a-crib in the home and/or location where the incident occurred.

H1g: Child in new/different sleep environment?
Child was sleeping in an environment new or different to child up to one week prior to the death. A new or different sleep environment refers to an environment that is not part of the child's normal routine. If the child went to Grandma's house every Tuesday, this is considered part of the usual routine. If the child had started attending a new child care this would be considered a new sleep environment. Include temporary sleep environments as well such as a hotel stay.

H1h: Circumstances when child found
Circumstances surrounding the sleeping incident. Specify if child's airway was unobstructed, fully obstructed or partially obstructed by person or object, what position child was found most relevant to the death and what object(s)/person(s) child was found with.

- *Wedged*: Child was positioned between two objects, for example, the wall and bed, causing death.
- *Pressed*: Refers to an act of another, intentional or unintentional, causing death. For example, a caregivers arm pressed the child's head into a comforter.

- *Tangled*: Child was intertwined, for example in bedding, crib bumper or other object, causing death.

H1i: Caregiver/supervisor fell asleep while feeding child?
If caregiver/supervisor fell asleep while feeding child, specify type of feeding.

H1j: Child sleeping on same surface with person(s) or animal(s)?
If child was sleeping with a person or animal, specify number of adults sleeping with child and if they were obese, number of other children sleeping with child and their ages and number of animals sleeping with child and type of animal(s). If age of children or type of animal(s) is unknown, write in unknown.

Select 'yes' regarding obesity if there was clear evidence that the adult(s) sharing a sleep surface with the child was in fact obese from photos, police reports or other documentation.

H2. Death a Consequence of a Problem with a Consumer Product
If yes, answer the following questions.

H2a: Describe product and circumstances
If death was the consequence of a problem with a consumer product, describe product. Examples of consumer products include toys, cribs, power tools, cigarette lighters and household chemicals.

H2b: Was product used properly?
If death was the consequence of a problem with a consumer product, indicate if product was being used properly (all recommended instructions were being followed and warnings observed) at time of incident.

H2c: Recall in place?
If death was the consequence of a problem with a consumer product, specify if a recall was in place for the product. Recall is defined as a request by the manufacturer of a defective product to return the product.

H2d: Did product have safety label?
Indicate if product had safety label at time of incident that described any known hazards of the product or instructions for safe use. Labels on hairdryers warning consumers to avoid water immersion is an example.

H2e: Was Consumer Product Safety Commission notified?
If the Consumer Product Safety Commission was notified of the incident, code as "yes".

H3. Death Occurred During Commission of a Another Crime

If yes, answer the following question.

H3a: Type of crime

If death was the consequence of a crime, indicate type of crime committed at time of incident. A crime is a serious offense against the public law. Definitions vary by state.

- *Robbery/burglary*: A robbery is the taking, or attempting to take, anything of value from another person or persons by force or threat of force or violence. If money or goods are stolen without force or threat of force (e.g., a bookkeeper stealing money from a company, thieves stealing equipment from a loading dock), the theft is not a robbery, but larceny, and should be coded as "Other". A burglary is the unlawful entry into a building or other structure without the owner's consent with the intent to commit a felony or a theft.
- *Interpersonal violence*: The intentional use of physical force or power, threatened or actual, against another person, or against a group, that either results in or has a high likelihood of resulting in injury, death, psychological harm, or deprivation.
- *Sexual assault*: Sexual contact without consent. Includes sex with a minor with or without consent. Ranges from the non-consensual touching of an intimate part of the body to forced, manipulated, or coerced penetration. It can involve verbal coercion and threats, physical restraint, intimidation, and/or violence.
- *Other assault*: An unlawful fatal or nonfatal attack by one person upon another. To qualify as a serious crime, the assault should be an aggravated assault (one that involves bodily injury or threat with a deadly weapon).
- *Gang conflict*: Gang members are persons who are members of the same association or organization which has as one of its purposes the commission of crime. Gangs include both youth gangs and organized crime organizations.
- *Drug trade*: The buying, selling or passing of drugs from one person to another in exchange for goods or money.
- *Arson*: To unlawfully and intentionally damage, or attempt to damage any building, real estate, or personal property by fire or incendiary device.
- *Prostitution*: Performing sexual acts in exchange for money or its equivalent.
- *Witness intimidation*: To intentionally say or do something that would cause a witness of a crime to be fearful of harm to them if they provide information to authorities about the crime or to kill a witness to prevent him/her from providing information.

Section I. Acts of Omission or Commission including Child Abuse and Neglect and Suicide

Completion of this Section is especially important because it provides information about any human behaviors that may be involved in a child's death. For example, it addresses intentional (e.g., homicides, child abuse and neglect, suicides), unintentional injuries, and medical misadventures (e.g., errors). Not only can this information serve critical data tracking functions, it may be critical to the prevention of both intentional and unintentional injury deaths.

I1: Did any action(s) of omission or commission cause or contribute to the death?
Acts of omission or commission are defined as any act or failure to act which causes (i.e., directly) and/or substantially contributes to (i.e., indirectly) the death of the child. Communities may have different standards that apply, but they should be based on evidence and professional judgments. Legal definitions may serve as a baseline, although they need not be used as a strict criterion.

Because this question serves a gatekeeper role, please pay particular attention to the broad definition of act(s) of commission and omission. This is not a determination of blame, but rather just an identification of whether there were specific human behaviors involved that caused or contributed to the child's death. If one or more acts of commission or omission potentially related to the child's death are not identified and coded here, you will not be able to complete any other parts of the Section. In the past this has lead to some important data being omitted.

A new category of "Probable" has been added to allow coders to include cases where there may not be sufficient evidence for the team to be certain that any particular act(s) of commission or omission related to the death occurred, but there is some reasonable evidence indicating such a link. Case in which the "Probable" category is selected will be treated separately than the cases categorized as "Yes". For example, this "Probable" category allows the team to check "child abuse" or "child neglect" in those situations where they only have reasonable suspicions, but are not certain enough to classify the case as child maltreatment (Section I 3).

Although this is not intended to be exhaustive, examples of acts of commission that would count as direct causes of a child's death include: 1) someone shooting the child with a gun and the bullet wound causing the death; 2) a teen driver falling asleep and crashing his car into a tree causing death due to blunt force trauma; 3) a caregiver shaking an infant so hard to cause severe head trauma and death; 4) a drunk driver hitting another car causing severe trauma and death to a young child passenger in the other car; 5) a young girl taking an overdose of prescription medicines causing her death; and 6) even an institutional breakdown in the enforcement of DUI laws.

Although this is not intended to be exhaustive, examples of acts of omission that served as contributing or indirect causes of a child's death include: 1) an unsupervised toddler falling into an open residential pool and drowning; 2) a child left in a closed car on a hot day who dies from hyperthermia; 3) a caregiver failing to get necessary medical attention for an ill child who died of the untreated illness; 4) hospital personnel failing to provide

the correct medicine in a timely manner that leads to patient death; 5) a caregiver who unintentionally rolls onto an infant in an adult bed and the infant suffocates.

Direct or Contributing Cause of Death: The second part of the question simply asks whether the cause(s) are considered direct or contributory. Both choices can be selected if more than one act of commission or omission is present.

The direct cause of death refers to an act that was the primary event leading directly to the death. It describes a specific act of commission or omission that, in and of itself, led to the physiological processes precipitating the child's death. Generally, the act in question was both *necessary and sufficient* to kill the child. The death may have occurred instantaneously or substantially after the act.

The contributing cause of death refers to an act that plays a role, but not the primary role, in the death. The contributing (or indirect) cause of death describes a *necessary but not sufficient* act of commission or omission that contributed in a substantial manner to the death of the child. The act did not, in and of itself, precipitate or lead inevitably to the physiological processes leading to death. However, it is understood to have been a necessary element in the child's death. The death may have occurred instantaneously or substantially after the act.

I2: Was the act(s)
In general, an intentional act is an act for which the person involved has a purpose or willingness to commit the act, regardless of whether it leads to harm. An unintentional act is one for which there is no evidence of an intent to either commit or failure to commit the act. Undetermined intent means that there is insufficient evidence to determine if an act was intentional or unintentional. The determination of intent should be grounded in evidence and professional judgment, not emotional reactions or stereotypes. See Item I.1. for definition of caused and contributed.

I3: What act(s) caused or contributed to the death?
Acts of omission or commission that caused or contributed to the death of child should be identified by category. Only one can be selected for caused and one for contributed, if applicable. In addition, this is the single question that will be used to track child maltreatment cases. For the CDR purposes, child abuse and child neglect are defined, at a minimum, as an act or failure to act on the part of a *parent or caregiver* which results in death, or presents an imminent risk of serious harm. States may have their own definitions based on these minimum standards. CDRTs also have different standards they apply, but they should be based on evidence and professional judgments. Legal definitions may serve as a baseline, although they need not be used as a strict criterion. Both a direct cause and a contributed cause of maltreatment can be checked (e.g., direct cause of abuse by shaking a baby and contributing cause of neglect by failure to protect from a known hazard).

If the team judges that the caregiver behavior caused or contributed to the death but did not reach the level of maltreatment, they should check the poor or absent supervision

category. Also as mentioned in Section I1, if the team is not certain whether to classify a child death as child maltreatment, they can also use the initial question (I1) to check "Probable" and then check child abuse or neglect. For example, if the team can't determine whether an abandoned baby was born alive or stillborn, they could check the I1. Act(s) of Commission/Omission item as "Probable" and the I3. Cause item as "child abuse" or "child neglect" to capture the information about the circumstances surrounding the death without having to classify the case as a child maltreatment death (given the question of whether it was a live birth).

- *Other negligence*: Refers to acts or failures to act that are neglectful including criminal negligence, vehicular manslaughter, voluntary intoxication, but not restricted to the level of criminal culpability. See Item I.1. for definition of caused and contributed.
- *Assault, not child abuse*: Refers to those cases where the alleged perpetrator is not in an explicit or implicit caregiver role.
- *Religious or cultural practices*: Refer to potential mitigating factors that teams might consider in determining that the act(s) of commission or omission that lead to the child's death should not be classified as maltreatment. CDRTs should be free to consider these potential exceptions or not, although some states specifically allow for such religious or cultural exceptions. But primary consideration should be given to the best interests of the child and the level of risk of harm to the child.
- *Medical misadventure*: A broad term that encompasses the recognition that unintentional events or errors may occur in medical institutions or by medical practitioners. This does not refer to individual's intentional or unintentional misuse of medicines or medical procedures carried out without medical supervision.

I4: Child abuse, type

If death occurred as a result of child abuse, specify type of abuse as documented by law enforcement, CPS or other evidence reviewed by the team. Physical abuse is any non-accidental act that results in physical injury or the imminent risk of harm. Emotional abuse refers to such acts as verbal assault, belittling, threats and blaming. Sexual abuse is a single or series of sexual assault(s) or sexual exploitation(s).

I5: Type of physical abuse

Check category(ies) and provide brief details. Abusive head trauma is a broader term for any child abuse case involving head injury, including shaken baby syndrome. Chronic battered child syndrome refers to children who have undergone physical abuse multiple times that has left them with both physical and psychological trauma. Munchausen's Syndrome by Proxy (MSP) is a parenting disorder where parents fabricate symptoms in their children, thus subjecting the child to unnecessary medical tests and/or surgical procedures, or inflict injury of children in the process.

I6: For abusive head trauma, were there retinal hemorrhages?

Abusive head trauma is any injury to the head that was inflicted on the child. Types of abuse included here are shaken baby syndrome with or without impact, and any other

injuries inflicted to the child's head during an assault. Formal medical documentation of retinal hemorrhages is needed to code as “yes”.

I7: For abusive head trauma, was the child shaken?
If abusive head trauma, indicate if child was shaken based on formal medical, forensic pathology, or law enforcement documentation. If child was shaken, indicate if there was or was not impact of the child's head on a surface. Impact should be documented by investigators and/or medical records.

I8: Event triggering physical abuse
If death occurred as a result of abuse, specify "trigger" for abusive behavior. Trigger is defined as an environmental circumstance or action of the child, person committing act or another person that led person to cause abuse.

I9: Child neglect
If death occurred as a result of neglect or neglect contributed to the death based on evidence available to the team, specify type of neglect. Check all that apply.

I10: Other negligence
If other type of negligence was documented as a contributing factor in death, specify. Does not include child neglect.

I11: Was act(s) of omission/commission?
Chronic with child refers to a pattern of ongoing acts of abuse or negligence inflicted specifically on this child. A pattern in family or with perpetrator refers to a pattern of ongoing acts of abuse or negligence inflicted on one or more members of a family or household. An isolated incident refers to a single event with no documentation of similar prior incidents. See Item I.1. for definition of caused and contributed.

I12: Is person the caregiver/supervisor listed in previous section?
Indicate if person causing act is same person specified as caretaker or supervisor in Section 2 and/or 3. See Item I.1. for definition of caused and contributed.

I13: Primary person responsible for action(s) that caused or contributed to the death
Relationship of person causing act on child. See Item I.1. for definition of caused and contributed.

I14: Person's age in years
Age of person causing act. See Item I.1. for definition of caused and contributed

I15: Person's sex
Sex of person causing act. See Item I.1. for definition of caused and contributed.

I16: Does person speak English?
Indicate if person speaks and understands English. Code as “yes” if person was able to respond to questions surrounding the circumstances of the child's death. If person does

not speak English, specify language spoken.

I17: Person on active duty in the military?
Person is documented as being active in the military at time of incident. "Active in the military" includes all people performing active duty in the United States Armed Forces. This includes those in reserve forces and the National Guard performing temporary duties at the time of incident. If yes, specify the branch of military. See Item I.1. for definition of caused and contributed.

I18: Person has history of substance abuse?
Person is perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs. If tobacco abuse exists, it can be coded in the 'Other' category. Code as 'yes' if person was noted as using illegal drugs (such as heroin or cocaine), abusing prescription medications (such as pain relievers or Valium), or regularly using inhalants (e.g., sniffing gas). If the person is mentioned a using illegal drugs even if addiction or abuse in not specifically mentioned code as 'Yes'. A person who is noted as participating in a drug or alcohol rehabilitation program or treatment including self-help groups and 12-step program should be coded as "yes" even if the person was noted as being currently clean and sober. A person with short-term experimental use that did not cause life problems and/or addictions should be coded "no".

A problem from the past (e.g. five years or more ago) that has resolved and no longer appears to apply should still be coded "yes". Previously attempting suicide via overdose is not sufficient justification for answering "yes" to this question in the absence of other information.

I19: Person has history as a victim of child maltreatment?
Person has documented history of being the victim of child maltreatment (child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from autopsy, law enforcement report or medical records. If referrals were made but not substantiated, still select 'Yes' regarding history unless the referral was found to be completely falsified.

If yes, specify type(s) of maltreatment substantiated. See Item I.1. for definition of caused and contributed. If child welfare referral or substantiations are documented, indicate total number of CPS referrals and substantiations. Indicate if person was ever in foster care or adopted. Terminology regarding referrals and substantiations varies by state.

I20: Person has history as a perpetrator of child maltreatment?
Person has documented history of being the perpetrator of child maltreatment (child abuse or neglect). Documented means a referral or substantiation from Child Protective Services or documentation from autopsy, law enforcement report or medical records. If referrals were made but not substantiated, still select 'Yes' regarding history unless the

referral was found to be completely falsified.

If yes, specify which type of maltreatment was substantiated. See Item I.1. for definition of caused and contributed. If child welfare referral or substantiations are documented, indicate total number of CPS referrals and substantiations. Indicate if person received CPS prevention or Family Preservation services. Indicate if person ever had children removed. Terminology regarding referrals and substantiations varies by state.

I21: Person has disability or chronic illness?

Person has a disability or chronic illness. Chronic implies an impairment or illness that has a substantial long-term effect on day-to-day functioning or health.

- *Physical*: Physical includes any anatomical loss, physiological disorders, cosmetic impairments and/or diseases. Examples may include paraplegia, cerebral palsy, cystic fibrosis, diabetes, cleft palate or cancer.
- *Mental*: Mental disorders are health conditions characterized by alterations in thinking; mood or behavior (or some combination thereof) associated with distress and/or impaired functioning. They include any psychiatric disability, mental illness or mental retardation. Examples may include depression, bi-polar disorders or Downs Syndrome. This includes cognitive/learning disabilities.
    - *If mental illness, was supervisory receiving mental health services*? Indicate if supervisor was currently receiving services.
- *Sensory*: Sensory disorders refer to any disability or chronic disease that impairs the senses, including visual, auditory and olfactory. Examples include blindness and deafness.

I22: Person has prior child deaths?

Person has a documented history of having a child (anyone 17 years or under) die while in his/her care, custody or control. If yes, indicate number of prior child deaths due to child abuse, child neglect, accidental, suicide, SIDS or other. See Item I.1. for definition of caused and contributed.

I23: Person has history of intimate partner violence?

Person has a documented history of intimate partner violence (IPV) as either victim or perpetrator. Documented refers to evidence from law enforcement, medical or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner. Intimate partners may be heterosexual or of the same sex. This may also include domestic disturbance complaints to which law enforcement responded. See Item I.1. for definition of caused and contributed.

I24: Person has delinquent or criminal history?

Person has a documented history of delinquent or criminal behaviors or actions. This includes any history with the juvenile justice system or the criminal justice system. If yes, specify type of delinquent or criminal history that is documented. Delinquent behavior may include school disciplinary actions, charges or convictions for

misdemeanor offenses. Criminal behavior includes charges or convictions for felony charges. See Item I.1. for definition of caused and contributed.

I25: At time of incident was person?
Indicate person's status at time of incident for items a-h. See Item I.1. for definition of caused and contributed.

- *Drug impaired*: Drug impaired refers to being under the influence of any intoxicating compound or combination of intoxicating compounds to a degree that impairs a person's ability to function or supervise a child.
- *Alcohol impaired*: Alcohol impaired refers to being under the influence of alcohol to a degree that impairs a person's ability to function or supervise a child.
- *Asleep*: Person was sleeping at time of incident.
- *Distracted*: Distracted refers to person's attention being diverted off the child and onto something else.
- *Absent*: Person was not present at time of incident.
- *Impaired by illness, specify*: Impaired by illness refers to a physical illness that renders a person incapable of effectively supervising a child. This includes any acute or chronic medical condition that may limit the person's ability to function or care for a child. Impaired by mental illness may include conditions such as depression, PTSD, bi-polar disorder or other diagnosed mental health condition.
- *Impaired by disability, specify*: Impaired by disability refers to a condition that renders a person incapable of effectively supervising a child. Impaired by disability may include developmental delays. Blindness is an example of a disability that may limit a person's ability to care for a child.
- *Other*: Specify all other factors that contributed to poor quality of supervision.

I26: Does person have
A prior history of a similar act would be based on a documented history of acts of omission or commission. Prior arrests or convictions would be documented.

I27: Legal outcomes in this death
Evidence of documented report of legal outcomes (e.g., guilty verdict on specific charges, sentence given) from law enforcement, district attorney, newspaper, etc.

I28: For suicide, check all that apply and describe answers in narrative
- *A note was left*: The child left a note, email, audio tape, video or other communication that they intended to kill him/herself. The existence of a will or folder of financial papers near the child's body does not constitute a suicide note.
- *Child talked about suicide*: Child had expressed that he or she thought about suicide, but child made no mention of or described a plan for suicide. Expressions such as "I think everyone would be better off without me" or "I hate my life and want to end it" would be considered suicide expressions to friends, teachers, parents, etc.

- *Prior suicide threats were made*: The child had previously expressed their intent to kill themselves, "I'm going to kill myself, or "I have made a plan to die" are examples of verbal expressions of intent.
- *Prior attempts were made*: There were reports or documentation that the child had made previous suicide attempts, regardless of the severity of those attempts.
- *Suicide was completely unexpected*: There was no indication from any source that the child was considering suicide.
- *Child had a history of running away*: The child had a documented history of running away from primary residence.
- *Child had a history of self-mutilation*: The child had a documented history of self-infliction of wounds such as cuts, scratches or bruises, or evidence of self-mutilation was found at time of autopsy.
- *There is a family history of suicide*: A member of the child's family (either immediate family or extended family) had completed suicide prior to the child's death.
- *The suicide was part of a murder-suicide*: The child committed a murder(s), as part of a series of actions that also led to his or her suicide. Do not answer "yes" if the child committed suicide at a time much later than the murder event, for example, while incarcerated for the murder.
- *The suicide was part of a suicide pact*: The child victim killed him/herself as part of a mutual agreement(s) to die by suicide made among people the victim knew. The other suicides did not need to be completed as part of the pact for this response to be coded as "yes". There should be documentation or reports of the pact, not rumors of a pact.
- *The suicide was part of a suicide cluster*: A suicide cluster is a group of three or more suicides that occur closer together in time and space than would be expected in a given community, with suicides occurring later in the cluster being motivated by earlier suicides or having a common exposure that may be associated with increased risk of suicides. A community can consist of a geographic area or a social network such as a youth group. The perception of the child fatality review team that a cluster exists is sufficient to endorse this variable.

I29: For suicide, was there a history of acute or cumulative personal crisis or events that may have contributed to the child's despondency?

Victim experienced a personal crisis leading up to the suicide, in which it is believed the crisis was significant enough to the child to have contributed to their despondency and suicide.

- *None known*: No known personal crisis at time of incident.
- *Family discord*: Problems with a family member, friend or associate (other than an intimate partner).
- *Parent's divorce/separation*: Parents were recently separated or divorced, or the victim was still experiencing the divorce or separation as an on-going problem, as documented in records.
- *Argument with parents/caregivers*: The child had had a major argument with his/her parents/caregivers.

- *Argument with boyfriend/girlfriend*: The child had had a major argument with his/her girlfriend/boyfriend.
- *Breakup with boyfriend/girlfriend*: The child had broken up with his/her girlfriend/boyfriend.
- *Argument with other friends*: The child had a major argument with other friend(s).
- *Rumor mongering*: The child was the victim or perpetrator of rumors that created a personal or social crisis for the child or for others.
- *Suicide by friend or relative*: The child was distraught over, or reacting to, a suicide of a friend or family member.
- *Other death of friend or relative*: The child was distraught over, or reacting to, a death (other than suicide) of a friend or family member.
- *Bullying as victim*: The child had been experiencing bullying as a victim. Bullying among children and adolescents is aggressive behavior that is intentional and usually persistent. It involves an imbalance of power or strength. Bullying can take many forms, including physical violence, teasing and name calling, intimidation and social exclusion. Bullying can be related to other forms of harassment and social isolation and/or intimidation, including hostile acts perpetrated against racial and ethnic minorities and gay and lesbian youth. Bullying also includes hazing.
- *Bullying as perpetrator*: The child had been perpetrating bullying. Bullying among children and adolescents is aggressive behavior that is intentional and usually persistent. It involves an imbalance of power or strength. Bullying can take many forms, including physical violence, teasing and name calling, intimidation and social exclusion. Bullying can be related to other forms of harassment and social isolation and/or intimidation, including hostile acts perpetrated against racial and ethnic minorities and gay and lesbian youth. Bullying also includes hazing.
- *School failure*: The child had experienced a failure at school. Examples include receiving a failing or low grade (as perceived by the child, parent or teacher), not making a sports team, not winning an election or failing an important test.
- *Move/new school*: Child moved or transferred to a new school within the past year.
- *Other serious school problems*: The child had experienced other major problems in school. This includes suspension or expulsion.
- *Pregnancy*: If female, child was pregnant at the time of death or had been pregnant within the past year. If male, child's girlfriend was pregnant at the time of death or had been pregnant within the past year.
- *Physical abuse/assault*: Child was the victim or perpetrator of any physical abuse or assault at any time prior to the death. Assault refers to an unlawful fatal or nonfatal attack by one person upon another.
- *Rape/sexual abuse*: Child was the victim or perpetrator of any rape, sexual assault or sexual abuse at any time prior to the death. This refers to sexual contact without consent. Includes sex with a minor with or without consent. Ranges from the non-consensual touching of an intimate part of the body to forced,

manipulated, or coerced penetration. It can involve verbal coercion and threats, physical restraint, intimidation, and/or violence.

- *Problems with the law*: Child was arrested for or charged with a misdemeanor or felony crime.
- *Drugs/alcohol*: There was documented use of drugs or alcohol.
- *Sexual orientation*: Sexual orientation is the pattern of a person's emotional, physical, sexual attraction and psychological attraction to someone of a particular sex.
- *Religious/cultural crisis*: Child was experiencing a personal conflict with their religion or culture, for example child was not allowed to date person or engage in certain activities due to religions prohibitions; child was questioning personal belief system as it related to family's cultural practices or religion.
- *Job problems*: Child had experienced problems with his or her or family's employment, including firing, disciplinary action, difficulty obtaining work, or other stresses related to employment.
- *Money problems*: Child had experienced problems with his or her or family's money, including debts, stolen money and lack of money for activities.
- *Gambling problems*: Child was involved in gambling, to the extent that the child had debts, was suspected of illegal gambling, was betting for sports while participating on a team, or had a gambling addiction.
- *Involvement in cult activities:* A cult is a religion regarded as unorthodox or spurious. Members of a cult feel a great devotion to a person, idea, object or movement.
- *Involvement in computer and video games*: There was evidence of the child's involvement with video or computer games that the team has evidence of contributing to child's mental health status and/or suicide ideation.
- *Involvement with the internet*: There was evidence that the child routinely accessed internet chat rooms or sites that were either age inappropriate (e.g., sites with pornographic or excessively violent material) or that may have contributed to the child's suicidal ideations.
- *Other, specify*: Specify other events or personal crisis that may have contributed to the victim's suicide.

Section J. Services to Family and Community as a Result of the Death

J1: Services

Services are any type of supportive resource that the family and community were offered and/or utilized as a direct result of a child's death. In order to accommodate all types of services, the categories listed are general. To note a specific service, select 'Other' and write the service in the 'Specify' text box.

Section K. Prevention Initiatives Resulting from the Review

Mark this case to edit/add prevention actions at a later date: Select this option if you would like to complete this section later after you have more information. To identify these cases, use the 'Search for Prevention Updates' under 'Search for Case' on the navigation menu of your state welcome page.

K1: Could the death have been prevented?
Team's conclusions regarding the preventability of the death. A child's death is considered to be preventable if an individual or the community could reasonably have done something that would have changed the circumstances that led to the child's death.

K2: What specific recommendations and/or actions resulted from the review? Note: If you need to make changes to data entered for question K2 on the web version, reset your answers by checking and unchecking the "No recommendations were made" check box at the beginning.
Indicate specific prevention strategies developed during the review process. In making these judgments, the team should consider the feasibility of the proposed solutions, and how they compare with other possible suggestions in terms of priority and likely impact. A recommendation means that the team made a formal statement that a specific strategy be implemented. An action means that the team or others are taking steps to implement the recommendation.

- *Nothing*: Team could not identify any prevention strategies.
- *Education (Media campaign, school program, community safety project, provider education, parent education, public forum, other education)*: Education is any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health. Public forum is an educational and/or advocacy event for the broader community to address an issue of concern. A community safety project is a prevention project that involves community or neighborhood in the planning, design, reach/scope, and/or implementation.
- *Agency (New policy(ies), revised policy(ies), new program, new services, expanded services)*: An institutional change could be made in an agency's formal or informal policies, practices and/or procedures that affect the way the agency does its business.
- *Law (New law/ordinance, amended law/ordinance, enforcement of law/ordinance)*: A proposal to enact a new or amend a current local, state or national regulation, ordinance or law by the appropriate governmental body or action taken to enforce an existing local, state or national regulation, ordinance or law by the appropriate enforcement body.
- *Environment (Modify a consumer product, recall a consumer product, modify a public space, modify a private space)*: A change could be made to a product or physical environment. Physical environment refers to physical surroundings (such as highway layout and construction) and specific mechanisms for injury (such as automobile design features). Actions include adding isolation fence around pool, reengineering a roadway intersection or notification of a local, state or national Consumer Product Safety organization of a product related problem.
- *Other, specify*: Indicate other type(s) of strategy(ies) to prevent more deaths.

K2a: Current action stage
Identify whether the proposed action is currently at the recommendation stage only, or action planning is underway or some form of action to implement the prevention strategy has already begun.

K2b: Type of action
Indicate if the proposed preventive action is an immediate short term solution (e.g., drafting a letter, holding a public meeting or writing a newspaper article) or involves a longer term, and/or more complex intervention, such as development of a home visitation program, implementation of a school health curricula or development of a community wide injury prevention plan.

K2c: Level of action
Indicate if the proposed action involves local, state and/or national level activities.

K3: Who took responsibility for championing the prevention strategies?
Identify who volunteered or was assigned to take leadership to complete each recommendation, or work on the planning or implementation of each proposed strategy/activity, and to follow up to monitor and report back on what happened.

Section L. The Review Meeting Process

L1: Date of first review meeting
Enter the date of the review meeting in which this case was first discussed.

L2: Number of review meetings for this case
Indicate the number of review meetings that were held to discuss this specific case.

L3: Is review complete?
The review is complete if the team has determined that there will be no further meetings on this case. For more information on determining if the review is complete, check with your state CDR coordinator.

L4: Agencies at review
Indicate all agencies/organizations that participated in the case review.

L5: Factors that prevented an effective review
Issues that arose during the review process that impacted the team from effectively reviewing the case.

- *Confidentiality issues among members prevented full exchange of information.* Confidentiality restraints prevented team members from sharing information.
- *HIPAA regulations prevented access to or exchange of information.* The Health Insurance Portability and Accountability Act of 1996 was cited by a team member or an agency as a reason for not providing or sharing the information needed for an effective review.
- *Inadequate investigation precluded having enough information for review.* The investigation into this child's death was incomplete. The full circumstances surrounding the death were not known to the team because an investigating agency did not collect all crucial pieces of information.
- *Team members did not bring adequate information to the meeting.* Not enough information was brought to the meeting to answer the team's questions.
- *Necessary team members were absent.* Team members with information critical to the review process were unable to attend the meeting,
- *Meeting was held too soon after death.* The CDR meeting was held too soon after the death, so that investigative reports, autopsy results, etc. were not complete.
- *Meeting was held too long after death.* The CDR meeting was held too long after the death. Team members may have forgotten relevant details to the case or since so much time has passed, the team feels uncomfortable making recommendations for services or interventions for the family that were needed but not provided as a result of the death.
- *Records or information needed from another locality in-state.* The team was unable to collect information for the review process from other localities within their state.
- *Records or information needed from another state.* The team was unable to collect information for the review process from another state.
- *Team disagreement on circumstances.* Team members were unable to arrive at a consensus on the actual events surrounding this child's death

- *Other factors, specify*: Specify any other factors that prevented the team from conducting an effective review.

L6: Review meeting outcomes

Indicate the outcomes of the review process.

- *Review led to additional investigation*? As a result of the review, an agency will be conducting further investigation(s) into this death.
- *Team disagreed with official manner of death*? After the review was completed, the team disagreed with the official manner of death from the death certificate. Specify team's decision regarding manner of death based on their review.
- *Team disagreed with official cause of death*? After the review was completed, the team disagreed with the official cause of death from the death certificate. Specify team's decision regarding cause of death based on their review.
- *Because of the review, was the official cause or manner changed*? The team disagreed with the official manner or cause of death as a result of the review process. The team shared their concerns with the medical examiner, coroner or physician who ultimately amended the death certificate.
- *Review led to the delivery of services*? As a result of the review, an agency will be providing services to the family of the child.
- *Review led to changes in agency policies or practices*? As a result of the review, an agency will be amending their internal policies and/or practices.
- *Review led to prevention initiatives being implemented*? Because of the review, there will be or have been changes made to a policy or practice or a program has been implemented that is designed to prevent similar deaths.

Section M. The Narrative

Use this space to provide more detail so that a full picture of the circumstances and the team's review is apparent to a reader. Try not to include identifiers in the narrative.

Often times, the circumstances of a death are not entirely evident from the case report tool alone. Providing a description of the incident involving the child is helpful in understanding how a death occurred. Include information on past history involving CPS, law enforcement, public health and others. If you would like to add text to the narrative from another document, such as a Microsoft Word file, you may copy the text and paste it into the CDR Case Reporting System.

Section N. Form Completed By:

Person: Enter name of person completing the case report form.

Title: Enter title of person completing the case report form.

Agency: Enter agency of person completing the case report form.

Phone: Enter phone number of person completing the case report form.

Email: Enter email address of person completing the case report form.

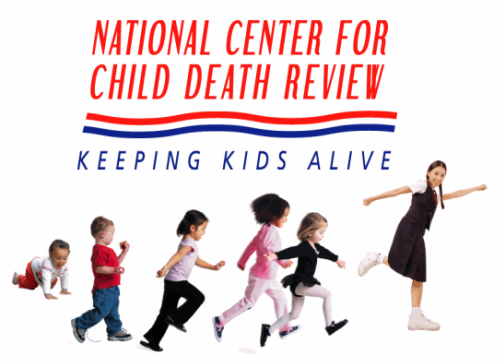
Signature: Person completing case report form should sign if using paper copy.

Data entry finished for this case: Code as "yes" once data entry is finished for this case. For more information on determining if data entry is complete, contact your state CDR coordinator.

Date completed: Enter date the case report form was completed.

NOTES:

www.childdeathreview.org
Email: info@childdeathreview.org
1-800-656-2434
National MCH Center for Child Death Review



Understanding How
and Why Children Die
& Taking Actions to
Prevent Child Deaths

The Child Death Review Case Reporting System

Standardized Reports
For Registered Web Users

Version 2
©January 1, 2008
National MCH Center for Child Death Review

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The *Child Death Review Case Reporting System* includes a number of pre-defined aggregate reports which do not contain any case identifiers. Depending upon your permission level, set by your State Administrator, you may or may not be able to generate local-level reports or state-level reports. Not all sections of the *Child Death Review Case Report* were used in developing these standardized reports. For more detailed reports, users should consider downloading their entire data set, as permissible by their state laws and their state CDR program.

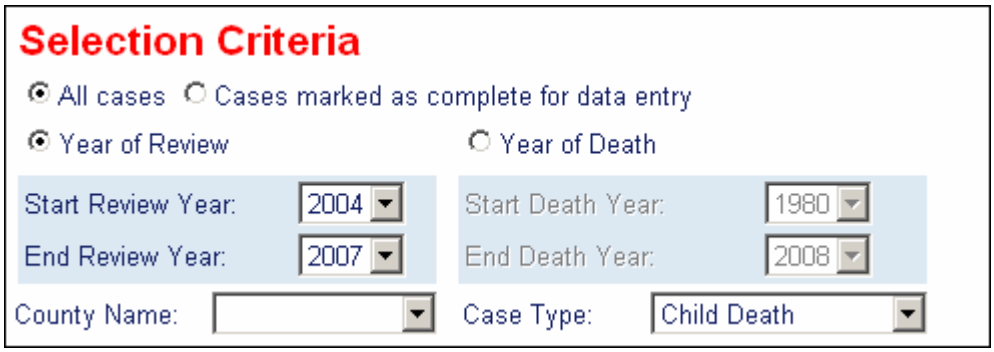
How to Generate, View, and Print a Report

Clicking on the "Create Standardized Reports" option from the Welcome Page brings you to the main Reports page window. The Reports Page window contains the selection criteria for the reports and the menu list of the reports that you can run, grouped into similar types of information.

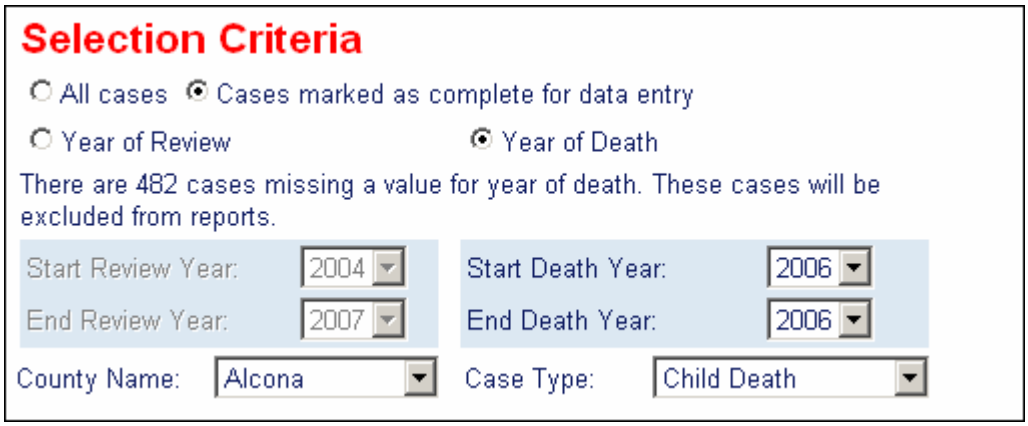
Selection Criteria

The standardized reports are generated by the year of case review or by year of death. The standardized reports also have the ability to filter cases based upon whether the cases have been marked complete for data entry (This is the check box "Data Entry Completed For This Case" in Section N of the report). If you would like to run a report for all cases reviewed between 2004 and 2007, select 2004 for the start review year in the drop down box and 2007 for the end review year in the drop down box (see first example below). If you would like to run a report that included all cases where the year of death was 2006, select 2006 for the start death year and 2006 for end death year (see second example below). You must select either "All Cases" or "Cases marked complete for data entry." Likewise, you must select either "Year of Review" or "Year of Death" in the selection criteria. If you select "Year of Death" as your selection criteria, the reports will automatically exclude those cases that do not have a year of death entered into the data tool. A statement will appear that advises you of the number of cases with missing year of death information.

You can select the case type that you would like included in your reports. This is the question found on the *Case Definition* data entry page with the options of "child death", "child near death event", or "not born alive". The selection criterion also has the option to view "all cases".

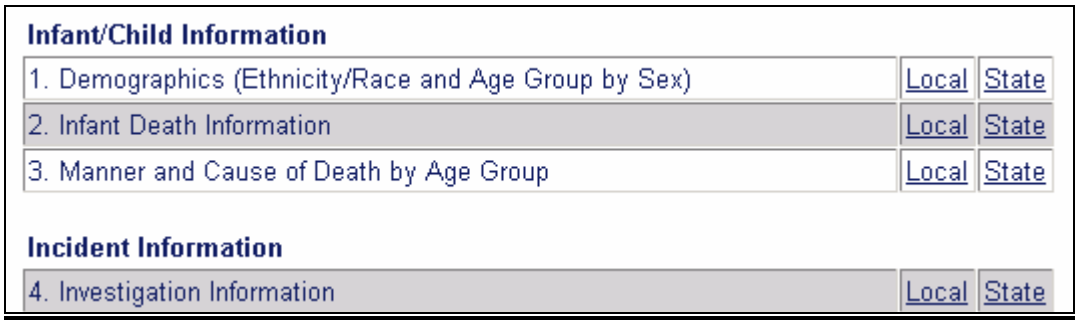


If you are a state-level user, you have an additional control in the selection criteria to run reports by individual counties/teams in your state. Leaving this control blank is equivalent to running a state report.



Report Generation

After you have verified the selection criteria for your reports, find the report you wish to run in the list below. Click on the 'Local' or 'State' hyperlink in order to generate a local-level or state-level report. Be sure to click on the hyperlink in the same row as the report that you are interested in. Depending on the complexity of the report, it may take up to a minute to generate so please be patient.



The report opens in a new window, so we recommend that you modify any pop-up blocker software to always allow pop-ups from our site (https://www.cdrdata.org). If the new report window is still not visible, check the Windows Task Bar at the very bottom of your screen to see if one of the open programs is the report.

The Report View Window

When the Report View window opens, it may only be displaying the first pre-defined report page. Many of the reports are multiple pages. You can determine the report length from the toolbar at the top of the Report View window. The example below shows that you are on page 1 of 3. The four arrows to the left of page number are your tools to navigate through the report pages. From left to right, the arrows are: first page, previous page, next page, and last page.

Every report has a header that displays information about the report generated, including: the report title; the start and end review year or start and end death year selected in the

criteria; your state and if it's a local-level report, your local team or the county/team selected in the criteria; the case type selected in the criteria; and whether or not the cases have been completed for data entry.

Demographics (Ethnicity/Race and Age Group by Sex)
Death Year Range: 2006 to 2006
Michigan/Alcona
Child Deaths Reviewed
Cases marked as complete for data entry

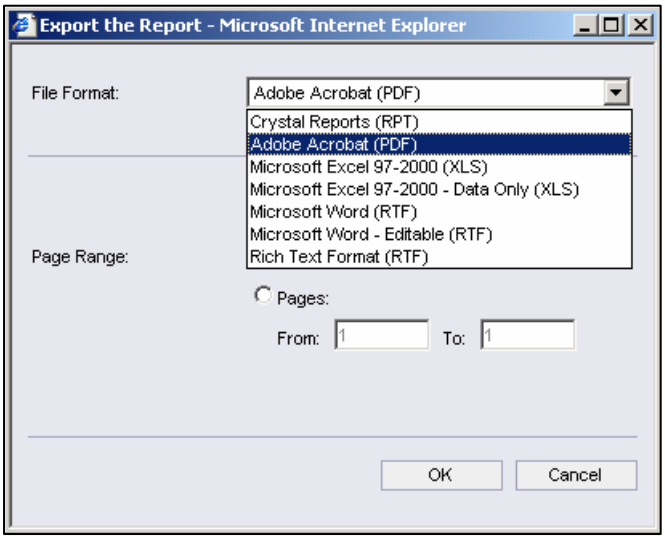
Many reports also have a footer on the last page that provides more information about the data displayed in the body of the report.

Other functions on the toolbar are explained below. While it is possible to print the Report View window through Internet Explorer, we recommend that you use the Export or Print function to get it into an Adobe format first. If you do not have Adobe Acrobat, then you can download a free copy of Adobe Acrobat Reader at www.adobe.com. Please check with your technology staff before downloading and installing any new software.

Save a Report

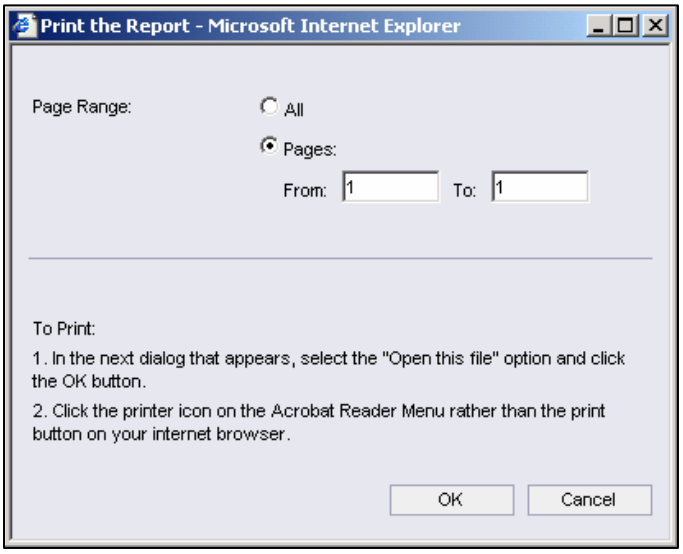
The first button on the Report View window toolbar is Save/Export.

This will launch a new Export window in which you can select the format that you would like the report to be saved. We recommend selecting Adobe Acrobat (PDF) and clicking 'OK'. The Export window defaults to include all pages in the report. Adobe will automatically launch with the complete report. In Adobe, you can either save the report to your desktop or print it.



Print A Report

The second button on the Report View window toolbar is Print. This will launch a new Print window. The Print window defaults to print just the first page. We recommend that you select "All" for the page range and click 'OK'. As stated at the bottom of the Print window you may see another window in which you should select 'Open this file' and click 'OK'. Adobe will automatically launch with the complete report. In Adobe, you can either print the report or save it to your desktop.


Print the Report - Microsoft Internet Explorer
Page Range:
All
Pages:
From: 1
To: 1
To Print:
1. In the next dialog that appears, select the "Open this file" option and click the OK button.
2. Click the printer icon on the Acrobat Reader Menu rather than the print button on your internet browser.
OK
Cancel

Reports

Infant/Child Information Reports

Report 1: Demographics (Ethnicity/Race and Age Group by Sex)

Ethnicity	Age Group	Sex			Total
		Male	Female	Unknown	
Hispanic /Latino (any race)	< 1 Year	0	0	0	0
	1-4 Years	0	0	0	0
	5-9 Years	0	0	0	0
	10-14 Years	0	0	0	0
	15-17 Years	0	0	0	0
	18-19 Years	0	0	0	0
	20-24 Years	0	0	0	0
	Unknown	0	0	0	0
	Subtotal	0	0	0	0

Report 1: Demographics (Ethnicity/Race and Age Group by Sex) (Continued)

Race	Age Group	Sex			
		Male	Female	Unknown	Total
White	< 1 Year	0	0	0	0
	1-4 Years	0	0	0	0
	5-9 Years	0	0	0	0
	10-14 Years	0	0	0	0
	15-17 Years	0	0	0	0
	18-19 Years	0	0	0	0
	20-24 Years	0	0	0	0
	Unknown	0	0	0	0
	Subtotal	0	0	0	0
Black, African American	< 1 Year	0	0	0	0
	1-4 Years	0	0	0	0
	5-9 Years	0	0	0	0
	10-14 Years	0	0	0	0
	15-17 Years	0	0	0	0
	18-19 Years	0	0	0	0
	20-24 Years	0	0	0	0
	Unknown	0	0	0	0
	Subtotal	0	0	0	0
Native Hawaiian	< 1 Year	0	0	0	0
	1-4 Years	0	0	0	0
	5-9 Years	0	0	0	0
	10-14 Years	0	0	0	0
	15-17 Years	0	0	0	0
	18-19 Years	0	0	0	0
	20-24 Years	0	0	0	0
	Unknown	0	0	0	0
	Subtotal	0	0	0	0
Pacific Islander	< 1 Year	0	0	0	0
	1-4 Years	0	0	0	0
	5-9 Years	0	0	0	0
	10-14 Years	0	0	0	0
	15-17 Years	0	0	0	0
	18-19 Years	0	0	0	0
	20-24 Years	0	0	0	0
	Unknown	0	0	0	0
	Subtotal	0	0	0	0

Report 1: Demographics (Ethnicity/Race and Age Group by Sex) (Continued)

		Male	Female	Unknown	Total
Asian	**< 1 Year**	*0*	*0*	*0*	0
	1-4 Years	*0*	*0*	*0*	0
	5-9 Years	*0*	*0*	*0*	0
	10-14 Years	*0*	*0*	*0*	0
	15-17 Years	*0*	*0*	*0*	0
	18-19 Years	*0*	*0*	*0*	0
	20-24 Years	*0*	*0*	*0*	0
	Unknown	*0*	*0*	*0*	0
	Subtotal	*0*	*0*	*0*	0
American Indian	**< 1 Year**	*0*	*0*	*0*	0
	1-4 Years	*0*	*0*	*0*	0
	5-9 Years	*0*	*0*	*0*	0
	10-14 Years	*0*	*0*	*0*	0
	15-17 Years	*0*	*0*	*0*	0
	18-19 Years	*0*	*0*	*0*	0
	20-24 Years	*0*	*0*	*0*	0
	Unknown	*0*	*0*	*0*	0
	Subtotal	*0*	*0*	*0*	0
Native Alaskan	**< 1 Year**	*0*	*0*	*0*	0
	1-4 Years	*0*	*0*	*0*	0
	5-9 Years	*0*	*0*	*0*	0
	10-14 Years	*0*	*0*	*0*	0
	15-17 Years	*0*	*0*	*0*	0
	18-19 Years	*0*	*0*	*0*	0
	20-24 Years	*0*	*0*	*0*	0
	Unknown	*0*	*0*	*0*	0
	Subtotal	*0*	*0*	*0*	0
Multi-racial	**< 1 Year**	*0*	*0*	*0*	0
	1-4 Years	*0*	*0*	*0*	0
	5-9 Years	*0*	*0*	*0*	0
	10-14 Years	*0*	*0*	*0*	0
	15-17 Years	*0*	*0*	*0*	0
	18-19 Years	*0*	*0*	*0*	0
	20-24 Years	*0*	*0*	*0*	0
	Unknown	*0*	*0*	*0*	0
	Subtotal	*0*	*0*	*0*	0
Unknown	**< 1 Year**	*0*	*0*	*0*	0
	1-4 Years	*0*	*0*	*0*	0
	5-9 Years	*0*	*0*	*0*	0
	10-14 Years	*0*	*0*	*0*	0
	15-17 Years	*0*	*0*	*0*	0
	18-19 Years	*0*	*0*	*0*	0
	20-24 Years	*0*	*0*	*0*	0
	Unknown	*0*	*0*	*0*	0
	Subtotal	*0*	*0*	*0*	0

Report 1: Demographics (Ethnicity/Race and Age Group by Sex) (Continued)

		Male	Female	Unknown	Total
All Races	< 1 Year	0	0	0	0
	1-4 Years	0	0	0	0
	5-9 Years	0	0	0	0
	10-14 Years	0	0	0	0
	15-17 Years	0	0	0	0
	18-19 Years	0	0	0	0
	20-24 Years	0	0	0	0
	Unknown	0	0	0	0
	Subtotal	0	0	0	0

Report 2: Infant Death Information

	Manner of Death						
	Natural	Accident	Homicide	Undeter	Pending	Unknown	Total
Deaths Reviewed	0	0	0	0	0	0	**0**
Premature (<37 weeks)	0	0	0	0	0	0	**0**
Low Birth Weight (<2500 grams)	0	0	0	0	0	0	**0**
Intrauterine Smoke Exposure	0	0	0	0	0	0	**0**
Intrauterine Alcohol Exposure	0	0	0	0	0	0	**0**
Intrauterine Drug Exposure	0	0	0	0	0	0	**0**
Late (>6 wks) or No Prenatal Care	0	0	0	0	0	0	**0**

Footnote: Columns do not add up to total deaths because the factors are not mutually exclusive. Infants should not have a manner of death suicide, so this manner is not included in this table.

Report 3: Manner and Cause of Death by Age Group

Age Group									
Manner	<1	1-4	5-9	10-14	15-17	18-19	20-24	Unk	Total
Natural	0	0	0	0	0	0	0	0	**0**
Accident	0	0	0	0	0	0	0	0	**0**
Suicide	0	0	0	0	0	0	0	0	**0**
Homicide	0	0	0	0	0	0	0	0	**0**
Undetermined	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Age Group										
Manner	Cause	<1	1-4	5-9	10-14	15-17	18-19	20-24	Unk	Total
Natural	Any Injury	0	0	0	0	0	0	0	0	0
	Asthma	0	0	0	0	0	0	0	0	0
	Cancer	0	0	0	0	0	0	0	0	0
	Cardiovascular	0	0	0	0	0	0	0	0	0
	Congenital anomaly	0	0	0	0	0	0	0	0	0
	HIV/AIDS	0	0	0	0	0	0	0	0	0
	Influenza	0	0	0	0	0	0	0	0	0
	Low birth weight	0	0	0	0	0	0	0	0	0
	Malnutrition/dehydration	0	0	0	0	0	0	0	0	0
	Neurological/seizure disorder	0	0	0	0	0	0	0	0	0
	Pneumonia	0	0	0	0	0	0	0	0	0
	Prematurity	0	0	0	0	0	0	0	0	0
	SIDS	0	0	0	0	0	0	0	0	0
	Other infection	0	0	0	0	0	0	0	0	0
	Other perinatal condition	0	0	0	0	0	0	0	0	0
	Other medical condition	0	0	0	0	0	0	0	0	0
	Undetermined medical cause	0	0	0	0	0	0	0	0	0
	Unknown	0	0	0	0	0	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0

Report 3: Manner and Cause of Death by Age Group (Continued)

		Age Group								
Manner	Cause	<1	1-4	5-9	10-14	15-17	18-19	20-24	Unk	Total
Accident	Any Medical Cause	0	0	0	0	0	0	0	0	0
	Motor Vehicle	0	0	0	0	0	0	0	0	0
	Fire, Burn, or Electrocution	0	0	0	0	0	0	0	0	0
	Drowning	0	0	0	0	0	0	0	0	0
	Asphyxia	0	0	0	0	0	0	0	0	0
	Weapon	0	0	0	0	0	0	0	0	0
	Animal Bite or Attack	0	0	0	0	0	0	0	0	0
	Fall or Crush	0	0	0	0	0	0	0	0	0
	Poisoning, Overdose or Acute Intoxication	0	0	0	0	0	0	0	0	0
	Exposure	0	0	0	0	0	0	0	0	0
	Other Injury	0	0	0	0	0	0	0	0	0
	Undetermined Injury	0	0	0	0	0	0	0	0	0
	Unknown	0	0	0	0	0	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0
Suicide	Any Medical Cause	0	0	0	0	0	0	0	0	0
	Motor Vehicle	0	0	0	0	0	0	0	0	0
	Fire, Burn, or Electrocution	0	0	0	0	0	0	0	0	0
	Drowning	0	0	0	0	0	0	0	0	0
	Asphyxia	0	0	0	0	0	0	0	0	0
	Weapon	0	0	0	0	0	0	0	0	0
	Animal Bite or Attack	0	0	0	0	0	0	0	0	0
	Fall or Crush	0	0	0	0	0	0	0	0	0
	Poisoning, Overdose or Acute Intoxication	0	0	0	0	0	0	0	0	0
	Exposure	0	0	0	0	0	0	0	0	0
	Other Injury	0	0	0	0	0	0	0	0	0
	Undetermined Injury	0	0	0	0	0	0	0	0	0
	Unknown	0	0	0	0	0	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0
Homicide	Any Medical Cause	0	0	0	0	0	0	0	0	0
	Motor Vehicle	0	0	0	0	0	0	0	0	0
	Fire, Burn, or Electrocution	0	0	0	0	0	0	0	0	0
	Drowning	0	0	0	0	0	0	0	0	0
	Asphyxia	0	0	0	0	0	0	0	0	0
	Weapon	0	0	0	0	0	0	0	0	0
	Animal Bite or Attack	0	0	0	0	0	0	0	0	0
	Fall or Crush	0	0	0	0	0	0	0	0	0
	Poisoning, Overdose or Acute Intoxication	0	0	0	0	0	0	0	0	0
	Exposure	0	0	0	0	0	0	0	0	0
	Other Injury	0	0	0	0	0	0	0	0	0
	Undetermined Injury	0	0	0	0	0	0	0	0	0
	Unknown	0	0	0	0	0	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0

Report 3: Manner and Cause of Death by Age Group (Continued)

Manner	Cause	Age Group 20-24	Unk	Total
Undetermined	Any Medical Cause	0	0	0
	Motor Vehicle	0	0	0
	Fire, Burn, or Electrocution	0	0	0
	Drowning	0	0	0
	Asphyxia	0	0	0
	Weapon	0	0	0
	Animal Bite or Attack	0	0	0
	Fall or Crush	0	0	0
	Poisoning, Overdose or Acute Intoxication	0	0	0
	Exposure	0	0	0
	Other Injury	0	0	0
	Undetermined Injury	0	0	0
	Unknown	0	0	0
	Sub Total	**0**	**0**	0

All Cases	<1	1-4	5-9	10-14	15-17	18-19	20-24	Unk	Total

Incident Information Report

Report 4: Investigation Information

	Cause Of Death												
	Motor Vehicle	Fire, Burn, or Electrocution	Drowning	Asphyxia	Weapon	Animal Bite or Attack	Fall or Crush	Poisoning, Overdose or Acute Intoxication	Exposure	Other Injury	Any Medical Cause	Unknown	Total
Deaths Reviewed	0	0	0	0	0	0	0	0	0	0	0	0	0
Death was referred to medical examiner or coroner	0	0	0	0	0	0	0	0	0	0	0	0	0
Death was NOT referred to medical examiner or coroner	0	0	0	0	0	0	0	0	0	0	0	0	0
Autopsy was performed	0	0	0	0	0	0	0	0	0	0	0	0	0
Scene investigation was conducted	0	0	0	0	0	0	0	0	0	0	0	0	0
Toxicology screen was conducted	0	0	0	0	0	0	0	0	0	0	0	0	0
X-rays were taken	0	0	0	0	0	0	0	0	0	0	0	0	0
CPS record check was conducted as result of death	0	0	0	0	0	0	0	0	0	0	0	0	0
Investigation found prior evidence of abuse	0	0	0	0	0	0	0	0	0	0	0	0	0

	Cause Of Death												
	Motor Vehicle	Fire, Burn, or Electrocution	Drowning	Asphyxia	Weapon	Animal Bite or Attack	Fall or Crush	Poisoning, Overdose or Acute Intoxication	Exposure	Other Injury	Any Medical Cause	Unknown	Total
CPS action taken because of death	0	0	0	0	0	0	0	0	0	0	0	0	0

Footnote: Columns do not add up to total deaths because the factors are not mutually exclusive. Other injury causes includes undetermined external, other external.

Motor Vehicle and Other Transport Reports

Report 5: Motor Vehicle and Other Transport Death Demographics

Age Group	Position of Child					
	Driver	Passenger	On Bicycle	Pedestrian	Unknown	Total
<1 Year	0	0	0	0	0	**0**
1-4 Years	0	0	0	0	0	**0**
5-9 Years	0	0	0	0	0	**0**
10-14 Years	0	0	0	0	0	**0**
15-17 Years	0	0	0	0	0	**0**
18-19 Years	0	0	0	0	0	**0**
20-24 Years	0	0	0	0	0	**0**
Unknown	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**
Sex						
Male	0	0	0	0	0	**0**
Female	0	0	0	0	0	**0**
Unknown	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**
Ethnicity						
Hispanic (Any Race)	0	0	0	0	0	**0**

Report 5: Motor Vehicle and Other Transport Death Demographics (Continued)

Race	Driver	Passenger	On Bicycle	Pedestrian	Unknown	Total
White	0	0	0	0	0	**0**
Black, African American	0	0	0	0	0	**0**
Native Hawaiian	0	0	0	0	0	**0**
Pacific Islander	0	0	0	0	0	**0**
Asian	0	0	0	0	0	**0**
American Indian	0	0	0	0	0	**0**
Native Alaskan	0	0	0	0	0	**0**
Multi-racial	0	0	0	0	0	**0**
Unknown	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**
Area Where Incident Occurred						
Urban	0	0	0	0	0	**0**
Suburban	0	0	0	0	0	**0**
Rural	0	0	0	0	0	**0**
Frontier	0	0	0	0	0	**0**
Unknown	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**

Report 6: Vehicle Type Involved in Incident and Position of Child

Vehicle Type Child In/On	Position of Child				
	Driver	Passenger	Not In a Vehicle	Unknown	Total
Car	0	0		0	0
Van	0	0		0	0
SUV	0	0		0	0
Truck	0	0		0	0
Semi / Tractor trailer	0	0		0	0
Recreational vehicle (RV)	0	0		0	0
School bus or Other bus	0	0		0	0
Motorcycle	0	0		0	0
Tractor or Other farm vehicle	0	0		0	0
All terrain vehicle (ATV)	0	0		0	0
Snowmobile	0	0		0	0
Train	0	0		0	0
Bicycle			0	0	0
Pedestrian			0	0	0
Other	0	0	0	0	0
Unknown	0	0	0	0	0
Total	0	0	0	0	0

Footnote: Other vehicle includes subway, trolley, and others. Shaded cells in the body of the table may contain red numbers, which denote the number of cases with potentially conflicting answers.

Report 7: Risk Factors of Young Drivers (Ages 14-21) Involved in the Crash

Risk Factors	Drivers Involved in Incident Ages 14-21		
	Child was Driving	Driver of Childs Vehicle	Driver of Other Primary Vehicle
Deaths Reviewed	0	0	0
Responsible for causing incident			
Alcohol/drug impaired			
No license			
Suspended license			
Violating graduated licensing rules			
Two or more teen passengers (ages 14-21)			

Driving Conditions	All Deaths Involving Drivers Ages 14-21
Deaths Reviewed	0
Loose gravel	0
Muddy roads	0
Ice/Snow	0
Fog	0
Wet roads	0
Construction zone	0
Inadequate lighting	0

Footnote: Columns do not add up to totals because the factors are not mutually exclusive.

Report 8: Motor Vehicle Protective Measures

Protective Measure Present and Used Correctly						
Airbag	0	0			0	0
Lap Belt	0	0			0	0
Shoulder belt	0	0			0	0
Child seat	0	0	0	0	0	0
Booster seat	0	0			0	0
Helmet	0	0	0	0	0	0
Other	0	0	0	0	0	0
Protective Measure Present and Used Incorrectly						
Airbag	0	0			0	0
Lap Belt	0	0			0	0
Shoulder belt	0	0			0	0
Child seat	0	0	0	0	0	0
Booster seat	0	0			0	0
Helmet	0	0	0	0	0	0
Other	0	0	0	0	0	0

Report 8: Motor Vehicle Protective Measures (Continued)

Protective Measure Present and Not Used	Position Of Child					
	Driver	Passenger	On Bicycle	Pedestrian	Unknown	Total
Airbag	0	0			0	**0**
Lap Belt	0	0			0	**0**
Shoulder belt	0	0			0	**0**
Child seat	0	0	0	0	0	**0**
Booster seat	0	0			0	**0**
Helmet	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Protective Measure Needed But None Present						
Airbag	0	0			0	**0**
Lap Belt	0	0			0	**0**
Shoulder belt	0	0			0	**0**
Child seat	0	0	0	0	0	**0**
Booster seat	0	0			0	**0**
Helmet	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**

Footnote: Columns do not add up to total because more than one protective measure could have been used.

Fire Reports

Report 9: Fire Death Demographics

Age Group	Building on Fire						
	Single home	Duplex	Apartment	Trailer/Mobile Home	Other	Unknown/NA	Total
<1 Year	0	0	0	0	0	0	0
1-4 Years	0	0	0	0	0	0	0
5-9 Years	0	0	0	0	0	0	0
10-14 Years	0	0	0	0	0	0	0
15-17 Years	0	0	0	0	0	0	0
18-19 Years	0	0	0	0	0	0	0
20-24 Years	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0
Sex							
Male	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0
Ethnicity							
Hispanic (any race)	0	0	0	0	0	0	0

Report 9: Fire Death Demographics (Continued)

Race	Single home	Duplex	Apartment	Trailer/Mobile Home	Other	Unknown/NA	Total
White	0	0	0	0	0	0	0
Black, African American	0	0	0	0	0	0	0
Native Hawaiian	0	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0
American Indian	0	0	0	0	0	0	0
Native Alaskan	0	0	0	0	0	0	0
Multi-racial	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0

Report 10: Factors Involved in Fire Deaths

	Building on Fire						
	Single home	Duplex	Apartment	Trailer/Mobile Home	Other	Unknown/NA	Total
At least one working smoke detector	0	0	0	0	0	0	0
Sprinkler system working	0	0	0	0	0	0	0
Escape or rescue efforts worsened fire	0	0	0	0	0	0	0
Factors delayed Fire Department arrival	0	0	0	0	0	0	0
Barriers prevented safe exit	0	0	0	0	0	0	0
Fire was suspected arson	0	0	0	0	0	0	0
Building or rental codes violated	0	0	0	0	0	0	0
Child not supervised, but needed	0	0	0	0	0	0	0
Child used alcohol/drugs prior to incident	0	0	0	0	0	0	0
Supervisor impaired by alcohol/drugs	0	0	0	0	0	0	0

Footnote: Columns do not add up to total deaths because the factors are not mutually exclusive.

Drowning Reports

Report 11: Drowning Death Demographics

Age Group	Place of Drowning									
	Lake/River/ Pond/Creek	Ocean	Quarry/Gravel Pit	Canal	Pool/Hot Tub/Spa	Well/Cistern	BathTub	Other	Unknown	Total
<1 Year	0	0	0	0	0	0	0	0	0	0
1-4 Years	0	0	0	0	0	0	0	0	0	0
5-9 Years	0	0	0	0	0	0	0	0	0	0
10-14 Years	0	0	0	0	0	0	0	0	0	0
15-17 Years	0	0	0	0	0	0	0	0	0	0
18-19 Years	0	0	0	0	0	0	0	0	0	0
20-24 Years	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
Sex										
Male	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
Ethnicity										
Hispanic (Any Race)	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

Report 11: Drowning Death Demographics (Continued)

Race	Lake/River/ Pond/Creek	Ocean	Quarry/Gravel Pit	Canal	Pool/Hot Tub/Spa	Well/Cistern	BathTub	Other	Unknown	Total
White	0	0	0	0	0	0	0	0	0	0
Black, African American	0	0	0	0	0	0	0	0	0	0
Native Hawaiian	0	0	0	0	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
American Indian	0	0	0	0	0	0	0	0	0	0
Native Alaskan	0	0	0	0	0	0	0	0	0	0
Multi-racial	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

Report 12: Factors Involved in Drowning Deaths

	Place Of Drowning									
	Lake/River/ Pond/Creek	Ocean	Quarry/Gravel Pit	Canal	Pool/Hot Tub/Spa	Well/Cistern/ Septic	BathTub	Other	Unknown	Total
Child wearing flotation device	0	0	0	0	0				0	**0**
Child could swim	0	0	0	0	0	0		0	0	**0**
Child not supervised, but needed	0	0	0	0	0	0	0	0	0	**0**
Child used alcohol/drugs prior to incident	0	0	0	0	0	0	0	0	0	**0**
Supervisor impaired by alcohol/drugs	0	0	0	0	0	0	0	0	0	**0**

Footnote: Columns do not add up to total deaths because the factors are not mutually exclusive. Shaded cells in the body of the table may contain red numbers, which denote the number cases with potentially conflicting answers.

Suffocation/Asphyxia Report

Report 13: Suffocation/Asphyxia Death Demographics

Ethnicity	Action Causing Suffocation/Asphyxia								
	Sleep-related	Covered in or fell into object	Confined in tight space	Swaddled in tight blanket	Wedged into tight space	Asphyxia by gas	Other	Unknown	Total
Hispanic (any race)	0	0	0	0	0	0	0	0	0

Race									
White	0	0	0	0	0	0	0	0	0
Black, African American	0	0	0	0	0	0	0	0	0
Native Hawaiian	0	0	0	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0
American Indian	0	0	0	0	0	0	0	0	0
Native Alaskan	0	0	0	0	0	0	0	0	0
Multi-racial	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

Report 13: Suffocation/Asphyxia Death Demographics (Continued)

Manner of Death	Action Causing Suffocation/Asphyxia								
	Sleep-related	Covered in or fell into object	Confined in tight space	Swaddled in tight blanket	Wedged into tight space	Asphyxia by gas	Other	Unknown	Total
Natural	0	0	0	0	0	0	0	0	0
Accident (Unintentional)	0	0	0	0	0	0	0	0	0
Suicide	0	0	0	0	0	0	0	0	0
Homicide	0	0	0	0	0	0	0	0	0
Undetermined	0	0	0	0	0	0	0	0	0
Pending	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Child used alcohol/drugs prior to incident	0	0	0	0	0	0	0	0	0
Supervisor impaired by alcohol/drugs	0	0	0	0	0	0	0	0	0

Weapon, Including Person's Body Part, Reports

Report 14: Weapon Death Demographics

Age Group	Type of Weapon									
	Firearm	Sharp	Blunt	Person's Body Part	Explosive	Rope	Biological	Other	Unknown	Total
<1 Year	0	0	0	0	0	0	0	0	0	0
1-4 Years	0	0	0	0	0	0	0	0	0	0
5-9 Years	0	0	0	0	0	0	0	0	0	0
10-14 Years	0	0	0	0	0	0	0	0	0	0
15-17 Years	0	0	0	0	0	0	0	0	0	0
18-19 Years	0	0	0	0	0	0	0	0	0	0
20-24 Years	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
Sex										
Male	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
Ethnicity										
Hispanic (Any Race)	0	0	0	0	0	0	0	0	0	0

Report 14: Weapon Death Demographics (Continued)

Race	Type of Weapon									
	Firearm	Sharp	Blunt	Person's Body Part	Explosive	Rope	Biological	Other	Unknown	Total
White	0	0	0	0	0	0	0	0	0	0
Black, African American	0	0	0	0	0	0	0	0	0	0
Native Hawaiian	0	0	0	0	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
American Indian	0	0	0	0	0	0	0	0	0	0
Native Alaskan	0	0	0	0	0	0	0	0	0	0
Multi-racial	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

Report 14: Weapon Death Demographics (Continued)

Manner of Death	Type of Weapon									
	Firearm	Sharp	Blunt	Person's Body Part	Explosive	Rope	Biological	Other	Unknown	Total
Natural	0	0	0	0	0	0	0	0	0	0
Accident (Unintentional)	0	0	0	0	0	0	0	0	0	0
Suicide	0	0	0	0	0	0	0	0	0	0
Homicide	0	0	0	0	0	0	0	0	0	0
Undetermined	0	0	0	0	0	0	0	0	0	0
Pending	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
Child not supervised, but needed	0	0	0	0	0	0	0	0	0	0
Action omission/ commisison contributed to death	0	0	0	0	0	0	0	0	0	0

Footnote: Acts of omission or commission are defined as any act or failure to act which causes or contributes to the death. Cases are included in the last row of this report if Yes or Probable was selected in Section I, Question 1 in the CDR Case Reporting System.

Report 15: Safety Features and Storage of Firearms Used in Incident

Safety Features	Type of Firearm									
	Handgun	Shotgun	BB gun	Hunting rifle	Assault rifle	Air rifle	Sawed-off shotgun	Other	Unknown	Total
Trigger lock	0	0	0	0	0	0	0	0	0	0
Personalization device	0	0	0	0	0	0	0	0	0	0
External safety/drop safety	0	0	0	0	0	0	0	0	0	0
Loaded chamber indicator	0	0	0	0	0	0	0	0	0	0
Magazine disconnect	0	0	0	0	0	0	0	0	0	0
Minimum trigger pull	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Unknown safety	0	0	0	0	0	0	0	0	0	0

How Firearm Stored	Where Firearm Stored					
	Not stored	Locked cabinet	Unlocked cabinet	Other storage	Unknown	Total
Loaded	0	0	0	0	0	0
Unloaded, but with ammunition	0	0	0	0	0	0
Unloaded without ammunition	0	0	0	0	0	0
Unknown	0	0	0	0	0	0

Footnote: Columns do not add up to totals because the factors are not mutually exclusive. Other places for firearm storage include glove compartment, under a mattress, and others.

Report 16: Owner and Use of Weapon at Time of Incident

Owner of Fatal Firearm	Firearm Licensed	
	Unknown	Total
Weapon Stolen	0	0
Weapon Found	0	0
Self	0	0
Parent	0	0
Sibling	0	0
Spouse	0	0
Other Relative	0	0
Friend / Acquaintance	0	0
Neighbor	0	0
Child's boyfriend / girlfriend	0	0
Classmate	0	0
Law enforcement	0	0
Rival gang	0	0
Co-worker	0	0
Other	0	0
Unknown	0	0
Total	0	0

Footnote: Parents include biological, adoptive, step, and foster. Other relatives include grandparents. Other owners include parent's partner, institutional staff, stranger, and others.

Leading Uses of Weapon at Time of Incident.	Type of Weapon

Footnote: Columns do not add up to totals because the factors are not mutually exclusive. Blunt instruments include pipes.

Poisoning, Overdose, or Acute Intoxication Reports

Report 17: Poisoning, Overdose, or Acute Intoxication Death Demographics

Age Group	Type of Substance					
	Deaths Reviewed	Prescription Drug	Over the counter Drug	Cleaning substance	Other	Unknown
<1 Year	0	0	0	0	0	0
1-4 Years	0	0	0	0	0	0
5-9 Years	0	0	0	0	0	0
10-14 Years	0	0	0	0	0	0
15-17 Years	0	0	0	0	0	0
18-19 Years	0	0	0	0	0	0
20-24 Years	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**
Sex						
Male	0	0	0	0	0	0
Female	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**
Ethnicity						
Hispanic (any race)	0	0	0	0	0	0

Race	Type of Substance					
	Deaths Reviewed	Prescription Drug	Over the counter Drug	Cleaning substance	Other	Unknown
White	0	0	0	0	0	0
Black,African American	0	0	0	0	0	0
Native Hawaiian	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0
Asian	0	0	0	0	0	0
American Indian	0	0	0	0	0	0
Native Alaskan	0	0	0	0	0	0
Multi-racial	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**

Footnote: Rows do not add up to totals because more than one type of poison could have been involved

Report 18: Factors Involved in Poisoning, Overdose or Acute Intoxication Deaths

Incident resulted from?	Type of Incident					
	Deaths Reviewed	Prescription Drug	Over the counter Drug	Cleaning substance	Other	Unknown
Accidental overdose	0	0	0	0	0	0
Medical treatment mishap	0	0	0	0	0	0
Adverse effect, not OD	0	0	0	0	0	0
Deliberate poisoning	0	0	0	0	0	0
Acute intoxication	0	0	0	0	0	0
Other	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**
Where was substance stored?						
Open Area	0	0	0	0	0	0
Open cabinet	0	0	0	0	0	0
Unlocked closed cabinet	0	0	0	0	0	0
Locked closed cabinet	0	0	0	0	0	0
Other	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**
Poison control was called	0	0	0	0	0	0
Child not supervised, but needed	0	0	0	0	0	0
Supervisor speaks English	0	0	0	0	0	0

Footnote: Rows do not add up to totals because more than one type of poison could have been involved.

Sleep-Related Death Reports

Report 19: Sleep-Related Death Demographics

	Age Group	Sex			
		Male	Female	Unknown	Total
Hispanic /Latino (any race)	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**

	Age Group	Sex			
		Male	Female	Unknown	Total
White	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**
Black, African American	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**
Native Hawaiian	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**
Pacific Islander	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**

Report 19: Sleep-Related Death Demographics (Continued)

		Male	Female	Unknown	Total
Asian	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**
American Indian	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**
Native Alaskan	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**
Multi-racial	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**
Unknown	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**

		Male	Female	Unknown	Total
All Races	0-1 Months	0	0	0	0
	2-3 Months	0	0	0	0
	4-5 Months	0	0	0	0
	6-7 Months	0	0	0	0
	8-11 Months	0	0	0	0
	1-4 Years	0	0	0	0
	5 Years and Up	0	0	0	0
	Unknown	0	0	0	0
	Sub Total	**0**	**0**	**0**	**0**

Report 20: Sleep-Related Deaths by Cause

	Cause of Death					
	SIDS	Asphyxia	Medical Condition	Undeter.	All Other Causes	Total
0-1 Months	0	0	0	0	0	**0**
2-3 Months	0	0	0	0	0	**0**
4-5 Months	0	0	0	0	0	**0**
8-11 Months	0	0	0	0	0	**0**
1-4 Years	0	0	0	0	0	**0**
5 Years and Up	0	0	0	0	0	**0**
Unknown	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**

Footnote: Medical condition included unknown medical causes. Undetermined included undetermined deaths from both medical and injury causes. All other causes include deaths from other unknown causes.

Report 21: Circumstances Involved in Sleep-Related Deaths

	Age Group								
	0-1 Mos	2-3 Mos	4-5 Mos	6-7 Mos	8-11 Mos	1-4 Yrs	5 Yrs Up	Unknown	Total
Unobstructed by person or object	0	0	0	0	0	0	0	0	**0**
On top of person	0	0	0	0	0	0	0	0	**0**
On top of object	0	0	0	0	0	0	0	0	**0**
Under person	0	0	0	0	0	0	0	0	**0**
Fell or Rolled onto object	0	0	0	0	0	0	0	0	**0**
Tangled in Object	0	0	0	0	0	0	0	0	**0**
Other	0	0	0	0	0	0	0	0	**0**
Unknown	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Footnote: Under and between objects include animals.

Report 22: Factors Involved in Sleep-Related Deaths

	Age Group								
	0-1 Mos	2-3 Mos	4-5 Mos	6-7 Mos	8-11 Mos	1-4 Yrs	5 Yrs Up	Unk	Total
Deaths Reviewed	0	0	0	0	0	0	0	0	**0**
Not in a crib or bassinette	0	0	0	0	0	0	0	0	**0**
Not sleeping on back	0	0	0	0	0	0	0	0	**0**
Unsafe bedding or toys	0	0	0	0	0	0	0	0	**0**
Sleeping with other people	0	0	0	0	0	0	0	0	**0**
Obese adult sleeping with child	0	0	0	0	0	0	0	0	**0**
Adult was alcohol impaired	0	0	0	0	0	0	0	0	**0**
Adult was drug impaired	0	0	0	0	0	0	0	0	**0**
Caregiver/Supervisor fell asleep while bottle feeding	0	0	0	0	0	0	0	0	**0**
Caregiver/Supervisor fell asleep while breast feeding	0	0	0	0	0	0	0	0	**0**

Footnote: Columns do not add up to to total deaths because the factors are not mutually exclusive. If factor is unknown, it is not included in these counts. Portable cribs may inadvertently be counted as not in a crib or bassinette since they are typically coded as "other". Unsafe bedding or toys include pillow, comforter, stuffed toy, and other toy.

Report 23: Sleep-Related Deaths by Acts that Caused or Contributed to Death

	Cause of Death					
	SIDS	Asphyxia	Medical Condition	Undeter.	All Other Causes	Total
Deaths Reviewed	0	0	0	0	0	**0**
Poor/absent supervision	0	0	0	0	0	**0**
Child Abuse	0	0	0	0	0	**0**
Child neglect	0	0	0	0	0	**0**
Other negligence	0	0	0	0	0	**0**
Assault (not child abuse)	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Unknown	0	0	0	0	0	**0**

Footnote: Includes all cases where action of omission/commission caused or contributed to the death was reported by team as Yes or Probable (Section I, Question 1 in CDR Case Reporting System).

Report 24: Acts of Omission/Commission Demographics

Age Group	Acts of Omission/Commission								
	Deaths Reviewed	Poor/Absent Supervision	Child Abuse	Child Neglect	Other Negligence	Assault (not child abuse)	Suicide	Other	Unknown
<1 Year	0	0	0	0	0	0	0	0	0
1-4 Years	0	0	0	0	0	0	0	0	0
5-9 Years	0	0	0	0	0	0	0	0	0
10-14 Years	0	0	0	0	0	0	0	0	0
15-17 Years	0	0	0	0	0	0	0	0	0
18-19 Years	0	0	0	0	0	0	0	0	0
20-24 Years	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0
Sex									
Male	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0
Ethnicity									
Hispanic (any race)	0	0	0	0	0	0	0	0	0

Report 24: Acts of Omission/Commission Demographics (Continued)

Race	Acts of Omission/Commission								
	Deaths Reviewed	Poor/Absent Supervision	Child Abuse	Child Neglect	Other Negligence	Assault (not child abuse)	Suicide	Other	Unknown
White	0	0	0	0	0	0	0	0	0
Black, African American	0	0	0	0	0	0	0	0	0
Native Hawaiian	0	0	0	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0
American Indian	0	0	0	0	0	0	0	0	0
Native Alaskan	0	0	0	0	0	0	0	0	0
Multi-racial	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0
Manner of Death									
Natural	0	0	0	0	0	0	0	0	0
Accident (Unintentional)	0	0	0	0	0	0	0	0	0
Suicide	0	0	0	0	0	0	0	0	0
Homicide	0	0	0	0	0	0	0	0	0
Undetermined	0	0	0	0	0	0	0	0	0
Pending	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

Report 24: Acts of Omission/Commission Demographics (Continued)

Primary Cause of Death	Acts of Omission/Commission								
	Deaths Reviewed	Poor/Absent Supervision	Child Abuse	Child Neglect	Other Negligence	Assault (not child abuse)	Suicide	Other	Unknown
Motor vehicle	0	0	0	0	0	0	0	0	0
Fire, burn or electrocution	0	0	0	0	0	0	0	0	0
Drowning	0	0	0	0	0	0	0	0	0
Suffocation or strangulation	0	0	0	0	0	0	0	0	0
Weapon	0	0	0	0	0	0	0	0	0
Fall or Crush	0	0	0	0	0	0	0	0	0
Poisoning	0	0	0	0	0	0	0	0	0
Other injury	0	0	0	0	0	0	0	0	0
Medical condition	0	0	0	0	0	0	0	0	0
Unknown Cause	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

Footnote: Includes all cases where action of omission/commission caused or contributed to the death was reported by team as Yes or Probable (Section I, Question 1 in CDR Case Reporting System).

	Acts of Omission/Comission Intent							
	Poor/Absent Supervision	Child Abuse	Child Neglect	Other Negligence	Assault (not child abuse)	Suicide	Other	Unknown
Deaths Reviewed	0	0	0	0	0	0	0	0
Caused								
Intentional	0	0	0	0	0	0	0	0
Unintentional	0	0	0	0	0	0	0	0
Undetermined	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0
Contributed								
Intentional	0	0	0	0	0	0	0	0
Unintentional	0	0	0	0	0	0	0	0
Undetermined	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0

Footnote: Includes all cases where action of omission/commission caused or contributed to the death was reported by team as Yes or Probable (Section I, Question 1 in CDR Case Reporting System).

Report 26: Acts of Omission/Commission Child Abuse Information

	Child Abuse		
	Caused	Contributed	Total
Deaths Reviewed	0	0	0

Type of Abuse	Total
Physical	0
-Abusive head trauma	0
--Retinal hemorrhages	0
--Shaken	0
-Chronic battered child syndrome	0
-Beating/kicking	0
-Scalding/burn	0
-Munchausen Syndrome by Proxy	0
-Other	0
Emotional	0
Sexual	0
Unknown Abuse	0

Triggering Events for Physical Abuse	Total
None	0
Crying	0
Toilet training mishap	0
Disobedience	0
Feeding problems	0
Domestic argument	0
Other	0
Unknown Event	0

Report 26: Acts of Omission/Commission Child Abuse Information (Continued)

Chronicity of Abuse	Child Abuse		
	Caused	Contributed	Total
Chronic with Child	0	0	0
Pattern in family	0	0	0
Isolated incident	0	0	0
CPS Involvement			
Died as infant and born drug/alcohol exposed	0	0	0
Open CPS case at time of death	0	0	0
Investigation found evidence of prior abuse	0	0	0
Child had history of maltreatment as victim	0	0	0
Child placed outside of home	0	0	0
CPS action taken because of death	0	0	0
Person Responsible for Act			
Self	0	0	0
Biological parent	0	0	0
Adoptive parent	0	0	0
Step parent	0	0	0
Foster parent	0	0	0
Parents partner	0	0	0
Other relative	0	0	0
Child care worker/babysitter	0	0	0
Friend or Acquaintance	0	0	0
Other	0	0	0
Unknown Person	0	0	0
Male	0	0	0
Female	0	0	0
Unknown	0	0	0

Report 26: Acts of Omission/Commission Child Abuse Information (Continued)

	Child Abuse		
	Caused	Contributed	Total
Drug/alcohol impaired at time of incident	0	0	0
History of substance abuse	0	0	0
History of child maltreatment as victim	0	0	0
History of child maltreatment as perpetrator	0	0	0
History of intimate partner violence as victim	0	0	0
History of intimate partner violence as perpetrator	0	0	0
Disability or chronic illness	0	0	0

Footnote: Includes all cases where action of omission/commission caused or contributed to the death was reported by team as Yes or Probable (Section I, Question 1 in CDR Case Reporting System). Child placed outside of home refers to placement in foster care including licensed and relative/kinship foster homes. Counts for Caused and Contributed for Type of Abuse and Triggering Events for Physical Abuse is not available as the information is not collected in this manner in Section I of the reporting tool.

Report 27: Acts of Omission/Commission Child Neglect Information

	Child Neglect		
	Caused	Contributed	Total
Deaths Reviewed	0	0	0

Type of Neglect	
Failure to protect from hazards	0
Failure to provide necessities	0
Medical neglect	0
Emotional neglect	0
Abandonment	0
Unknown	0

Chronicity of Neglect			
Chronic with child	0	0	0
Pattern in family	0	0	0
Isolated incident	0	0	0

CPS Involvement			
Died as infant and born drug/alcohol exposed	0	0	0
Open CPS case at time of death	0	0	0
Investigation found evidence of prior abuse	0	0	0
Child had history of maltreatment as victim	0	0	0
Child placed outside of home	0	0	0
CPS action taken because of death	0	0	0

Report 27: Acts of Omission/Commission Child Neglect Information (Continued)

Person Responsible for Act	Child Neglect		
	Caused	Contributed	Total
Biological parent	0	0	0
Adoptive parent	0	0	0
Step parent	0	0	0
Foster parent	0	0	0
Parents partner	0	0	0
Other relative	0	0	0
Child care worker/babysitter	0	0	0
Other	0	0	0
Friend or Acquaintance	0	0	0
Unknown	0	0	0

	Child Neglect		
	Caused	Contributed	Total
Male	0	0	0
Female	0	0	0
Unknown	0	0	0

Footnote: Includes all cases where action of omission/commission caused or contributed to the death was reported by team as Yes or Probable (Section I, Question 1 in CDR Case Reporting System). Child placed outside of home refers to placement in foster care including licensed and relative/kinship foster homes. Counts for Caused and Contributed for Type of Child Neglect is not available as the information is not collected in this manner in Section I of the reporting tool.

Report 28: Acts of Omission/Commission Assault Information (Not Child Abuse)

	Assault		
	Caused	Contributed	Total
Deaths Reviewed	0	0	**0**

Child History			
History of substance abuse	0	0	**0**
Drug/alcohol impaired at time of incident	0	0	**0**
History of mental illness	0	0	**0**
Had transgendered identity	0	0	**0**
Was gay/lesbian/bisexual/questioning	0	0	**0**
Criminal history on delinquency	0	0	**0**
Spent time in juvenile detention	0	0	**0**
CPS Involvement			
Open CPS case at time of death	0	0	**0**
Investigation found evidence of prior abuse	0	0	**0**
Child had history of maltreatment as victim	0	0	**0**
Child placed outside of home	0	0	**0**
History of intimate partner violence as victim	0	0	**0**
History of intimate partner violence as perpetrator	0	0	**0**

Report 28: Acts of Omission/Commission Assault Information (Not Child Abuse) (Continued)

Person Responsible for Act	Assault		
	Caused	Contributed	Total
Biological parent	0	0	0
Adoptive parent	0	0	0
Step parent	0	0	0
Foster parent	0	0	0
Parents partner	0	0	0
Other relative	0	0	0
Child care worker/babysitter	0	0	0
Friend or acquaintance	0	0	0
Child's boyfriend/girlfriend	0	0	0
Other	9	0	9
Unknown	0	0	0
Male	0	0	0
Female	0	0	0
Unknown	0	0	0
Drug/alcohol impaired at time of incident	0	0	0
History of substance abuse	0	0	0
History of child maltreatment as victim	0	0	0
History of child maltreatment as perpetrator	0	0	0
History of intimate partner violence as victim	0	0	0
History of intimate partner violence as perpetrator	0	0	0

Report 28: Acts of Omission/Commission Assault Information (Not Child Abuse) (Continued)

History of disability or chronic illnesss	0	0	**0**

Footnote: Includes all cases where action of omission/commission caused or contributed to the death was reported by team as Yes or Probable(Section I, Question 1 in CDR Case Reporting System). Child placed outside of home refers to placement in foster care including licensed and relative/kinship foster homes.

Report 29: Acts of Omission/Commission Suicide Information

	Suicide		
	Caused	**Contributed**	**Total**
Deaths Reviewed	0	0	**0**

Child History			
History of substance abuse	0	0	**0**
Drug/alcohol impaired at time of incident	0	0	**0**
History of mental illness	0	0	**0**
Had transgendered identity	0	0	**0**
Was gay/lesbian/bisexual/questioning	0	0	**0**
Criminal history on delinquency	0	0	**0**
Spent time in juvenile detention	0	0	**0**
CPS Involvement			
Open CPS case at time of death	0	0	**0**
Investigation found evidence of prior abuse	0	0	**0**
Child had history of maltreatment as victim	0	0	**0**
Child placed outside of home	0	0	**0**
History of intimate partner violence as victim	0	0	**0**
History of intimate partner violence as perperator	0	0	**0**

Report 29: Acts of Omission/Commission Suicide Information (Continued)

Circumstances	Suicide		
	Caused	Contributed	Total
Child left a note	0	0	0
Child talked about suicide	0	0	0
Prior suicide threats were made	0	0	0
Prior attempts where made	0	0	0
Suicide was completely unexpected	0	0	0
Child had received prior mental health services	0	0	0
Child was receiving mental health services at time of death	0	0	0
Child was on medications for mental illness	0	0	0
Issues prevented child from receiving mental health services	0	0	0
Child had history of running away	0	0	0
Child had history of self mutilation	0	0	0
There is a history of family suicide	0	0	0
Suicide was part of a murder-suicide	0	0	0
Suicide was part of a suicide pact	0	0	0
Suicide was part of a suicide cluster	0	0	0

Leading Reasons that may have contributed to Child's Death

Footnote: Includes all cases where action of omission/commission caused or contributed to the death was reported by team as Yes or Probable (Section I, Question 1 in CDR Case Reporting System). Child placed outside of home refers to placement in foster care including licensed and relative/kinship foster homes.

Prevention Initiatives Resulting from Review Reports

Report 30: Deaths by Manner and Cause by Preventability

Could the death have been prevented?			
Manner	**No, Probably**	**Could Not Determine**	**Total**
Natural	0	0	**0**
Accident	0	0	**0**
Suicide	0	0	**0**
Homicide	0	0	**0**
Undetermined	0	0	**0**
Total	**0**	**0**	**0**

Could the death have been prevented?			
Manner	**Cause of Death**	**No, Probably**	**Total**
	Neurological/seizure disorder	0	**0**
	Pneumonia	0	**0**
	Prematurity	0	**0**
	SIDS	0	**0**
	Other infection	0	**0**
	Other perinatal condition	0	**0**
	Other medical condition	0	**0**
	Undetermined medical cause	0	**0**
	Unknown	0	**0**
	Subtotal	**0**	**0**

Could the death have been prevented?			
		No, Probably	**Total**
Accident (unintentional)	Any Medical Cause	0	**0**
	Motor Vehicle	0	**0**
	Fire, Burn, or Electrocution	0	**0**
	Drowning	0	**0**
	Asphyxia	0	**0**
	Weapon	0	**0**
	Animal Bite or Attack	0	**0**
	Fall or Crush	0	**0**
	Poisoning, Overdose, or Acute Intoxication	0	**0**
	Exposure	0	**0**
	Other Injury	0	**0**
	Undetermined Injury	0	**0**
	Unknown	0	**0**
	Subtotal	**0**	**0**

		No, Probably	**Could Not Determine**	**Total**
Suicide	Any Medical Cause	0	0	**0**
	Motor Vehicle	0	0	**0**
	Fire, Burn, or Electrocution	0	0	**0**
	Drowning	0	0	**0**
	Asphyxia	0	0	**0**
	Weapon	0	0	**0**
	Animal Bite or Attack	0	0	**0**
	Fall or Crush	0	0	**0**
	Poisoning, Overdose, or Acute Intoxication	0	0	**0**
	Exposure	0	0	**0**
	Undetermined Injury	0	0	**0**
	Other Injury	0	0	**0**
	Unknown	0	0	**0**
	Subtotal	**0**	**0**	**0**

Report 30: Deaths by Manner and Cause by Preventability (Continued)

		Could the death have been prevented?	
		No, Probably	Total
Homicide	Any Medical Cause	0	**0**
	Motor Vehicle	0	**0**
	Fire, Burn, or Electrocution	0	**0**
	Drowning	0	**0**
	Asphyxia	0	**0**
	Weapon	0	**0**
	Animal Bite or Attack	0	**0**
	Fall or Crush	0	**0**
	Poisoning, Overdose, or Acute Intoxication	0	**0**
	Exposure	0	**0**
	Other Injury	0	**0**
	Undetermined Injury	0	**0**
	Unknown	0	**0**
	Subtotal	**0**	**0**
Undetermined	Any Medical Cause	0	**0**
	Motor Vehicle	0	**0**
	Fire, Burn, or Electrocution	0	**0**
	Drowning	0	**0**
	Asphyxia	0	**0**
	Weapon	0	**0**
	Animal Bite or Attack	0	**0**
	Fall or Crush	0	**0**
	Poisoning, Overdose, or Acute Intoxication	0	**0**
	Exposure	0	**0**
	Undetermined Injury	0	**0**
	Other Injury	0	**0**
	Unknown	0	**0**
	Subtotal	**0**	**0**
All Cases			

Report 31: Team Prevention Recommendations

	Recommendations					
	Education	Agency	Law	Environment	Other	None Made
Deaths Reviewed	**0**	**0**	**0**	**0**	**0**	**0**
Level of Action						
Local	0	0	0	0	0	
State	0	0	0	0	0	
National	0	0	0	0	0	
Type Of Action						
Long Term	0	0	0	0	0	
Short Term	0	0	0	0	0	
Current Action Stage						
Recommendation	0	0	0	0	0	
Planning	0	0	0	0	0	
Implementation	0	0	0	0	0	

Responsibility for Prevention Strategy	
Deaths Reviewed	0
No One	0
Health Department	0
Social Services	0
Mental health	0
Schools	0
Hosipitals	0
Other Health Care Providers	0
Law	0
Medical Examiner	0
Coroner	0
Elected official	0
Advocacy organization	0
Local community group	0
New coalition/task force	0
Youth Group	0
Other	0
Unknown	0

Footnote: Columns do not add up to totals becasue the factors are not mutually exclusive. More than one recommendation could have been made.

Review Meeting Process Report

Report 32: Review Team Process

	Cause of Death												
	Motor Vehicle	Fire, Burn, or Electrocution	Drowning	Asphyxia	Weapon	Animal Bite or Atack	Fall Crush	Poisioning, Overdose or Acute Intoxication	Exposure	Other Injury	Medical Cause	Unknown	Total
Deaths Reviewed	0	0	0	0	0	0	0	0	0	0	0	0	**0**
HIPAA regulations prevented full exchange of information	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Records/information needed from another state	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Review led to additional investigation	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Team disagreed with official manner of death	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Team disagreed with official cause of death	0	0	0	0	0	0	0	0	0	0	0	0	**0**

	Cause of Death												
	Motor Vehicle	Fire, Burn, or Electrocution	Drowning	Asphyxia	Weapon	Animal Bite or Atack	Fall Crush	Poisioning, Overdose or Acute Intoxication	Exposure	Other Injury	Medical Cause	Unknown	Total
Official manner or cause was changed because of review	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Review led to delivery of services	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Review led to changes in agency policies/practices	0	0	0	0	0	0	0	0	0	0	0	0	**0**

Data Entry Report

Report 33: County/Team Numbers

	# of cases reviewed
Alcona	104
Alger	1
Allegan	1
Alpena	1
Barry	1
Bay	1
Benzie	1
Berrien	1
Branch	1
Cass	1
Dickinson	1
Gladwin	48
Grand Traverse	1
Kalamazoo	2
Washtenaw	1
Total	**166**

Note: Only counties or teams which have entered case information into the *Child Death Review Case Reporting System* will appear in this report. Counties or teams with no cases entered into the web tool will not be listed or identified in the report.

NATIONAL CENTER FOR CHILD DEATH REVIEW

KEEPING KIDS ALIVE

Child Death Review Case Reporting System Error Log

Your participation in the CDR Case Reporting System is highly appreciated. Your experience with the system will be the basis for improvements for future releases. You may find errors or have difficulty with the report tool and the Internet application. Please record those errors and submit them via mail.

Name: _____ **Phone:** _____

Email: _____ **Date:** _____

Section of data tool: _____

Question #: _____

What problem are you having?

_____ I don't understand the meaning of a data element/term.
_____ The data element(s)/terms aren't appropriate for our case.
_____ The skip pattern is not appropriate for our case.
_____ The web application isn't working correctly.
_____ I received an error message.
_____ Other, describe:

What actions had you taken just prior to a problem with the web application or prior to receiving an error message?

_____

_____

_____

What problem occurred / what error message came up?

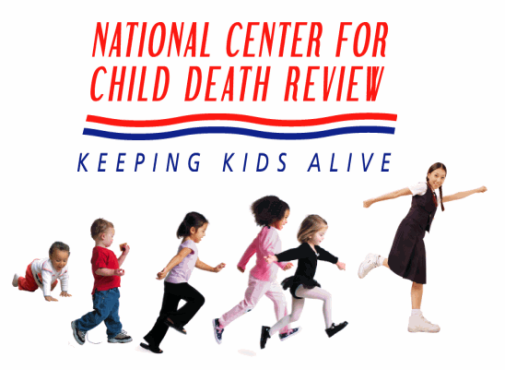
_____

_____

_____

Mail to: National MCH Center for Child Death Review
2440 Woodlake Circle, Suite 150
Okemos, MI 48864

Fax: (517) 324-7365



Child Death Review Reporting System: Contact Information

National Center for Child Death Review
2440 Woodlake Circle, Suite 150
Okemos, MI 48864
Phone: (800) 656-2434
Fax: (517) 324-7365
Email: info@childdeathreview.org

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NATIONAL CENTER FOR CHILD DEATH REVIEW

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